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¶ Text of Local Health Reorganization Bill—Other Public Health Legislation Pending and Passed—Physician's Responsibility in Reporting Venereal Diseases, as Interpreted by Attorney General—First Installment of Report on Health of Ohio Coal Miners—Influenza and Pneumonia Mortality in November and December

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EDITORIALS

New Health Bill Designed to Meet Varying Local Situations

Elasticity sufficient to make it adjustable to fit any local situation is a feature of the local health reorganization bill. By the general provisions of the measure each county and each city of more than 25,000 population is to constitute a separate health district, cities of less than 25,000 population being included in their respective county districts. The following provisos, however, insure against any hardships which might result from too rigid application of this principle:

(1) Counties of small population and weak financial resources may, by voluntary action of both parties, combine into a joint district.

(2) Cities of less than 25,000 population may continue as separate districts if the Commissioner of Health deems their present sanitary organization sufficient to warrant such continuance; this proviso will prevent the disrupting of efficient health departments which exist in a few small cities.

(3) County districts tributary to large cities may contract with the city district to extend the latter's jurisdiction over the county, thus preventing useless and expensive duplication of machinery in a limited territory.

Many important matters of health regulation which experience has demonstrated can not safely be left for local action are written into the law and made uniform and compulsory phases of the district's work. In purely local affairs, however, the district boards of health are not curbed, except insofar as is necessary to insure that the health of the people of the State will not suffer from neglect.

* * *

The Fundamental Need in Improving Ohio's Health

One hundred and two health districts, with one hundred and two full-time health officers, or 2,141 health districts, with five full-time health officers — which will provide better health protection for the people of Ohio?

Here we have reduced to lowest terms the question involved in the proposed reorganization of local health machinery in the State.

Various phases of public health development are touched upon in the local health district bill which the General Assembly is now considering, but the basic thing in the bill is made clear in the foregoing question.

True it is that Ohio needs more improvements in a sanitary way than the mere division of the State into districts and the appointment of a competent health commissioner for each district — and some of these other needs will be provided for by the proposed law. But it must always be remembered that no important improvement can be made if the administrative system remains as it now is, and that almost any improvement can be made if the system is reorganized along the lines mapped out in the bill.

The passage of the health reorganization bill must be the first step toward real betterment of public health in Ohio. Such legislation will be a step from one era into another — from an era of inefficiency and stagnation into an era of efficiency and progress.

* * *

Present Legislative Session Important from Health Standpoint

The person who is interested in the public health of Ohio, either professionally or as a citizen, ought to follow closely the present session of the General Assembly, for sanitary legislation of the greatest moment is up for consideration.

First in importance, of course, stands the measure for revision of the State's local health administrative system. The need for the reorganization provided for in this bill has been discussed often in these columns. Every person or organization that has made a study of the public health situation in Ohio has seen the grave need for such reorganization.

Numerous other bills have already gone into the legislative hoppers and more can be expected to follow. Venereal diseases, sewage disposal, water supplies, public health nursing, hospitals — these are a few of the phases of public health work which are to receive legislative attention in the course of the next few weeks.

The OHIO PUBLIC HEALTH JOURNAL will endeavor to keep its readers informed of the progress of legislation, and the newspapers are devoting much attention to proposals for public health betterment. Keep in touch with affairs, and drop a note to your senator or representative to inform him of your attitude on the important questions which are up for consideration.

Report on Health of Ohio Coal Miners

The OHIO PUBLIC HEALTH JOURNAL this month presents the first installment of an extensive report on health conditions among Ohio coal miners. This report is another important contribution of the Ohio State Department of Health to the literature of industrial hygiene, worthy to be classed with "Industrial Health Hazards and Occupational Diseases in Ohio." It represents several months of continuous study by Dr. E. R. Hayhurst and Dr. R. P. Albaugh throughout the mining districts of the State.

The report will be published serially in the JOURNAL and it is expected that the several installments will later be combined in a reprint. The series will well repay careful reading not only by those who are engaged in industrial hygiene work, but also by all who have an interest in public health or labor conditions in general.

* * *

Reducing City's Diphtheria Deaths a Simple Matter

Does antitoxin cure diphtheria? Why argue the question when facts such as are presented by the experience of the city of Salem, Ohio, are available to furnish an answer?

In the ten years immediately preceding 1900, Salem had forty-eight diphtheria deaths. In the ten years beginning with 1900, the city had one diphtheria death. The explanation:

With 1900 the city of Salem began furnishing antitoxin free for use in all suspected or definitely recognized cases of diphtheria.

The following table presents the statistics for the two periods:

BEFORE USE OF FREE ANTITOXIN.			AFTER USE OF FREE ANTITOXIN.		
Year	*Deaths*	*Cases*	*Year*	*Deaths*	*Cases*
1890	2	7	1900	0	9
1891	9	20	1901	0	11
1892	21	50	1902	0	6
1893	6	13	1903	0	2
1894	2	5	1904	0	4
1895	0	5	1905	0	17
1896	4	21	1906	*1	15
1897	1	15	1907	0	43
1898	1	13	1908	0	12
1899	2	13	1909	0	7
Total	48	162	Total	1	126

* This case did not use antitoxin until the third day.

Had the percentage of fatalities been as high during the second decade as during the first, Salem would have had thirty-seven diphtheria

deaths from 1900 to 1909. Free antitoxin, therefore, can be credited with the saving of thirty-six lives. The furnishing of the treatment cost the city about $220.

Thirty-six lives were saved at an average cost of six dollars per life — and a little extra exertion on the part of the health officer.

* * *

What Is It Worth to Your City to Save the Life of a Child?

Just what would be the cost of furnishing free antoxin to any city depends upon that city's diphtheria prevalence and the price at which it can obtain antitoxin. Any health officer who will figure his annual average total of diphtheria cases and compute the cost of supplying each case with five thousand units of antitoxin will arrive at a fair estimate of the cost of maintaining a free distribution system in his city.

As to whether the inauguration of such a system will produce an immediate and enormous saving of life, there is no question. The only question the city has to answer is: "Is it worth the comparatively slight expenditure of money and effort necessary to save these lives?"

All cities spend for fumigation following diphtheria much larger amounts than would be needed for free antitoxin. Fumigation, in the light of modern knowledge, is of doubtful value; at best it is but an indirect method of fighting disease spread. Provision of free antitoxin for all cases is a direct attack upon diphtheria, productive of undoubtedly real results.

Is your city saving the lives it could save?

* * *

Another Newspaper Stands Firm for Publicity of Disease Figures

Another Ohio newspaper has come out in strong opposition to the old-fashioned idea that facts in regard to disease conditions should be concealed from the public. The St. Marys *Leader* recently stated its policy in this matter as follows:

NOTHING TO CONCEAL.

In a recent editorial, we called attention to the fact that many people were criticising the course of the Evening Leader with reference to its method of handling the publicity feature of the influenza situation. Of course, a great deal of the criticism came from that portion of the reading public who are satisfied that they have the peculiar qualifications to run a newspaper and who are ever ready with oceans of gratuitous advice as to how others should run the newspaper; but, even at that, quite a number of well-intentioned citizens have walked the floor of nights in fear and trembling lest the publicity of the influenza epidemic should kill business and drive everything to the demnition bowwows. The

only trouble with that class of citizens is that the pursuit of the almighty dollar is the Alpha and Omega of their hopes and aspirations, and neither the public health, the public morals, nor the lives of individual citizens are considerations of sufficient importance to arrest their mad dash for the things of this world. So much for that class.

The province, the duty, of the newspaper is to take the people into its confidence. The people look to its columns for public information. If there is an epidemic of a contagious disease in the community, the people demand that the newspaper print the facts in the case. There is nothing gained by trying to suppress things. Supposing there were several hundred cases of the influenza in this community and the Evening Leader, for fear that it might hurt the business of the community, failed to tell the truth, what would be the result? Why, the very first death that occurred from the disease would spread terror everywhere and the people would be scared out of their wits! Now, we have pursued the opposite course. We have not concealed anything. If there were a whole lot of people down with the influenza, we have not hesitated to say so; and the result is that St. Marys has fared better than any town in this section of the country. Publication of the facts has kept people on the alert to avoid the contagion, and there have been comparatively few fatal cases in this community. How other towns around us have suffered is too familiar with our readers to require detailed mention. Suffice it to say, there is nothing in the situation that would lead us to feel that we have pursued the wrong policy.

* * *

How County Officers Can Avoid Violating the Law

County commissioners of at least eight Ohio counties were recently permitting tuberculosis patients to remain in their respective county infirmaries, in direct violation of Section 3139 of the General Code, which provides that "no person suffering from pulmonary tuberculosis, commonly known as consumption, shall be kept in any county infirmary."

Such was a recent finding of Rev. John O'Grady, investigator for the Ohio Health and Old Age Insurance Commission, after visiting forty-five county infirmaries of the State.

These commissioners were guilty not only of a violation of the law but also of endangering the health and lives of all the non-tuberculous inmates whom they forced to remain in close contact with the diseased persons.

Excuses quoted by Rev. O'Grady are that no institution to which to send these tuberculous indigents had been found, and that some had been refused admission to the State Sanatorium — the officials defending their attitude in the latter way evidently not understanding that the State Sanatorium is for incipient cases only. There may be instances in which it is really impossible to find hospital accommodations immediately for an advanced tuberculosis case. Even with the woeful shortage of hospital capacity which exists in the State, however, this

situation is not likely to continue indefinitely; energetic efforts by the county authorities will usually result in having their tuberculous charges admitted to hospitals, where they will be benefited and will not endanger others.

At best, of course, such efforts constitute merely a makeshift policy. The real solution for the problem is provided by the establishment of a district hospital in combination with other counties, for the district hospital, primarily an institution for the cure and prevention of tuberculosis in the population in general, serves also as a place in which to house indigent tuberculosis sufferers.

As a matter of duty to the people of their counties, who are dying from tuberculosis contracted from advanced cases and allowed to develop because of the lack of proper care, county commissioners ought to take action on the tuberculosis question without delay. And as a matter of convenience to themselves they should take such action, which will remove them from their present position "between the devil and the deep blue sea" in caring for dependents whose diseased condition makes them ineligible for admission to the infirmary.

While nothing ought to be said or done which will make the general public look down on the district hospital as an institution for paupers, it ought not to be overlooked that caring for indigents is a valuable incidental function of the hospital, and that by the establishment of a hospital a solution of the county infirmary tuberculosis problem, as well as a valuable agency for promoting the public health, is provided.

INSURANCE COMMISSION FOR HEALTH REFORMS

After an extended investigation into the question of health insurance and sickness prevention in Ohio, the Health and Old Age Insurace Commission has come out strongly in favor of extensive improvements in the State's public health machinery. The commission feels that disease prevention is an essential step in any plan for reducing the burdens of sickness and decided after careful study that the local health organization of Ohio is entirely inadequate to give the needed protection against disease. It therefore makes detailed recommendations for public health reorganization, in addition to favoring the adoption of compulsory health insurance.

With a number of changes in which the commission has concurred, most of the preliminary recommendations are incorporated in the local health district reorganization bill which is at present pending in the General Assembly. This bill was introduced with the approval of the Health and Old Age Insurance Commission. Other necessary legislation is also pending.

Measure for Revision of Local Health System Introduced

Text of Important Bill Now Before Legislature; Greater Efficiency is Object

THE proposed reorganization of Ohio's local public health administrative system is formally before the Legislature. A bill which has the approval of the Governor, the Health and Old Age Insurance Commission, the State Department of Health and many interested individuals and organizations, and which is designed to place Ohio ahead of all other states in efficiency of health organization, was offered in the House of Representatives February 10 by Representative William L. Hughes of Lorain.

The bill as introduced provides what is essentially a county plan of health organization, with cities of more than 25,000 population constituting separate districts and with provision made for the union of counties into joint districts and for adding county areas to municipal districts. A full-time health officer, clerk and secretary are established as the minimum administrative force for any district, and a State subsidy of not more than two thousand dollars a year toward the payment of these employees' salaries is provided for. Cities of more than 25,000 are permitted to retain most of the power they now have in deciding the form of their health departments, and in general districts (the term applied to county or joint districts by the act) a five-member board of health is to be chosen by the mayors of municipalities and chairmen of township trustees of the district, sitting as a district advisory council. Financial support of the district health organization is assured by a provision that each township's or municipality's share of the necessary funds shall be withheld by the county auditor when he turns over to the township or municipality its share of the semiannual revenues. The bill provides for a budget system and for apportionment of expenditures among municipalities and townships on a basis of population. Appointments to positions in local health departments are to be made in accordance with the merit system of civil service.

The bill as introduced follows:

83d GENERAL ASSEMBLY, REGULAR SESSION, 1919.

H. B. No. 211

MR. HUGHES.

A BILL

To create municipal and general health districts for purposes of local health administration; and to amend sections 1245, 1246, 4404, 4405, 4408, 4409, 4410, 4413, 4429, 4430, 4436, 4437, 4476 and 12785 of the General Code relating to the powers and duties of boards of health and to repeal original sections 1245, 1246, 3391, 3392, 3393, 3394, 4404, 4405, 4408, 4409, 4410, 4413, 4429, 4430, 4436, 4437, 4476 and 12785 of the General Code.

Be it enacted by the General Assembly of the State of Ohio:

SECTION 1. For purposes of local health administration the state shall be divided into health districts. Each city having at the last preceding federal census a population of twenty-five thousand or more shall constitute a health district and for the purpose of this act shall be known as and hereinafter be referred to as a municipal health district. The townships and municipalities in each county, exclusive of any city having twenty-five thousand population or more at the last preceding federal census, shall constitute a health district and for the purposes of this act shall be known as and hereinafter be referred to as a general health district. Provided, that where any municipality having less than twenty-five thousand population at the last preceding federal census is located in more than one county it shall be included for the purposes of this act, in the county in which the largest part of the area of such municipality is located. As hereinafter provided, there may be a union of two general health districts or a union of a general health district and a municipal health district located within such district.

Provided, that when any municipality of not less than ten thousand nor more than twenty-five thousand population at the last preceding federal census maintains at the time of the passage of this act a board of health or health department furnishing, in the opinion of the state commissioner of health, a sanitary administration equal to that to be provided in the district under the provisions of this act, the state commissioner of health may declare such a municipality a separate municipal health district and from and after the beginning of the next fiscal year after such action, such municipality shall be and constitute a separate municipal health district within the meaning of this act. Should the state department of health, after investigation, subsequently find that such municipality does not maintain a sanitary administration equal to that provided in the general health district in which such municipality is located, the state commissioner of health may, after notice to the mayor of the municipality, declare such municipality a part of the general health district and from the beginning of the next fiscal year thereafter the municipality shall be a part of the general health district as provided in this act.

SECTION 2. In each general health district, except in a district formed by the union of a general health district and a municipal health district, there shall be a district board of health consisting of five members to be appointed as hereinafter provided and as provided in section 4406 of the General Code. The members of the board of health of a general health district shall receive no compensation for their services but shall be reimbursed for all necessary and lawful expenses incurred in attending meetings of the board. A vacancy in the membership of the board of health of a general health district shall be filled in like manner as an original appointment and shall be for the unexpired term. Provided, that when a vacancy shall occur more than ninety days prior to the annual meeting of the district advisory council the remaining members of the board of health may select a resident of the district to fill such vacancy until such meeting. A majority of the members of the district board of health shall constitute a quorum.

SECTION 3. Within sixty days after this act shall take effect the mayor of each municipality not constituting a municipal health district and the chairman of the trustees of each township in a general health district shall meet at the county seat and shall organize by selecting a chairman and a secretary. Such

organization shall be known as the district advisory council. The advisory council shall proceed to select and appoint a district board of health as hereinbefore provided, having due regard to the equal representation of all parts of the district. Where the population of any municipality represented on such district advisory board exceeds one-fifth of the total population of the district, as determined by the last preceding federal census, such municipality shall be entitled to one representative on the district board of health for each fifth of the population of the district represented by the population of such municipality. Of the members of the district board of health, one shall be a farmer, two shall be physicians, and one shall be an attorney-at-law. Annually thereafter the district advisory council shall meet on the first Monday in February for the purpose of electing its officers and a member of the district board of health and shall also receive and consider the annual or special reports of the board of health and make recommendations to the board of health or to the state department of health in regard to matters for the betterment of health and sanitation within the district or for needed legislation. It shall be the duty of the secretary of the district advisory board to notify the district health commissioner and the state commissioner of health of the proceedings of such meeting. Special meetings of the district advisory council may be held on request of the district board of health or on the order of the state commissioner of health. On certification of the chairman and secretary the necessary expenses of each delegate to an annual or special meeting shall be paid by the city, village or township he represents.

Section 4. Within thirty days after the appointment of the members of the district board of health in a general district, they shall organize by selecting one of their members as president and another member as president pro tempore. The board of health shall appoint a district health commissioner, who shall be secretary of the board and who shall give his entire time to the duties of his office and shall not engage in any other business. The health commissioner shall be appointed from an eligible list certified by the state civil service commission of Ohio, as hereinafter provided, and said appointee shall not be removed except it be in accordance with the laws of Ohio governing state civil service appointments. In the absence of an eligible list, a temporary appointment may be made, but no such appointment shall be made without the approval of the state commissioner of health. To effect the removal of a health commissioner charges may be filed with the state civil service commission of Ohio by the board of health or by the state commissioner of health. In either case the state department of health shall be represented at the hearing which may be held within the general health district or at the city of Columbus. The district health commissioner shall be the executive officer of the district board of health and shall carry out all orders of the district board of health and of the state department of health. He shall be charged with the enforcement of all sanitary laws and regulations in the district, and shall have within the district all the powers now conferred by law upon health officers of muncipalities. It shall be the duty of the health commissioner to keep the public informed in regard to all matters affecting the health of the district.

Section 5. When it is proposed that a municipal health district unite with a general health district in the formation of a single district, the district advisory council of the health district shall meet and vote on the question of union and a majority vote of the total number of townships, villages and cities entitled to representation shall be required. The council or body performing the duties of council of the municipality shall likewise vote on the question and a majority vote shall be required for approval. When the district advisory council and council of the municipality have voted affirmatively, the chairman of the district advisory council and the mayor or chief executive officer of the municipality shall enter into a contract subject to the approval of the state commissioner of health, for the administration of health affairs in the combined district. Such contract shall state the proportion of the expenses of the board of health or health department of the combined district to be paid by the municipality and by that part of the district lying outside such municipality; shall provide for the amount and character of sanitary service to be rendered in the parts of the district lying outside such municipality and the date on which the board of health or health department of the municipality shall take over the adminis-

tration of the combined health district. After such union is completed the board of health or health department of the municipal health district shall have for the combined district all the powers herein or hereafter granted to and perform all the duties herein or hereafter required of the board of health of a general health district.

SECTION 6. Where it is proposed that two general health districts shall unite in the formation of one general health district, the district advisory council of each general health district shall meet and vote on the question of union and a majority vote of the total number of townships, villages and cities entitled to representation on the district advisory council shall be required for approval. When the two district advisory councils have voted affirmatively on the question, they shall meet in joint session and shall elect a district board of health for the combined districts, and not more than three members shall be from any one original district. When such union is completed such districts shall constitute a general health district and shall be governed in the manner herein provided for general health districts. Where two general health districts unite to form one district, the office of the district board of health shall be located at the county seat of the most populous county, except that for good cause such office may, with the approval of the state commissioner of health, be located in the municipality most accessible by usual means of transportation to the whole of the district.

SECTION 7. In any general health district the district board of health shall upon the recommendation of the health commissioner appoint for whole-time service a public health nurse and a clerk and such additional public health nurses, physicians and other persons within the classes to be fixed by the state civil service commission of Ohio as hereinafter provided, as may be necessary for the proper conduct of its work. Such number of public health nurses shall be employed as is necessary to provide adequate public health nursing service to all parts of the district. The board of health of each district shall provide such infant welfare stations, prenatal clinics and other measures for the protection of children as it may deem necessary. It shall also provide for the prevention and treatment of trachoma and may establish clinics or detention hospitals and provide the necessary medical and nursing service therefor.

SECTION 8. The board of health of any general health district shall make adequate provision for the sanitary administration of any municipalities forming part of such district. It shall establish an office in each city, in rooms in which the council of such city shall provide for that purpose and shall designate for duty therein a deputy health officer and such inspectors and nurses as may be necessary properly to administer sanitary affairs in such city. The amount and quality of sanitary service to be furnished in any such municipality shall in no cases be less than that in effect in such city at the time this act shall take effect.

SECTION 9. If in any general health district the district advisory council shall fail to meet or to select a district board of health, within ninety days after this act shall take effect, the state commissioner of health may, with the consent of the public health council, appoint a district board of health for such district which shall have and exercise all powers conferred by this act on district boards of health.

SECTION 10. If the state commissioner of health shall find that the board of health of a general of [or] municipal health district, or any member thereof, has failed to perform any or all the duties required by this act, he shall prefer charges against such board or such member before the public health council and shall notify such board or such member or members as to the time and place at which such charges will be heard. The public health council may, after hearing, find such board or such member guilty of the charge or charges, and may remove such board or such member from office. When the whole or a majority of any district board of health be so removed from office, the district advisory council or the mayor of the municipality, upon notice of such removal, shall within thirty days after receipt of such notice select a new board of health or members to fill the vacancies caused by removal, and if the district advisory council or mayor fails, within sixty days, to meet or to select such board or such member or members, the state commissioner of health may appoint a district board of health or such members.

SECTION 11. In addition to the duties now required of boards of health it shall be the duty of each district board of health to study and record the prev-

alence of disease within its district; to provide for the prompt diagnosis and control of communicable diseases; to provide for the medical supervision of school children; to provide for the free treatment of cases of venereal diseases; to provide for the inspection of schools, public institutions, jails, workhouses, children's homes, infirmaries and other charitable, benevolent and penal institutions; to provide for the inspection of dairies, stores, restaurants, hotels and other places where food is manufactured, handled, stored, sold or offered for sale, and for the medical inspection of persons employed therein; to provide for the inspection and abatement of nuisances dangerous to public health or comfort; and to take all steps necessary to protect the public health and to prevent disease.

SECTION 12. Each district board of health shall provide for the carrying on of such laboratory work as is necessary for the proper conduct of its work. It may establish a district laboratory or may contract with any existing laboratory within or convenient to the district for the performance of such work or may unite with another district in the establishment of a joint laboratory. It shall be the duty of all state institutions supported in whole or in part by public funds to furnish such laboratory service as may be required by any district board of health under terms to be agreed upon. Any contract for the furnishing of laboratory service to a district board of health and any proposal for the establishment of a joint laboratory shall be subject to the approval of the state commissioner of health. In the operation of such laboratories standard methods approved by the state commissioner of health shall be used.

SECTION 13. Each district board of health shall provide for the free treatment of cases of gonorrhea, syphilis and chancroid. It may establish and maintain one or more clinics for such purpose and may provide for the necessary medical and nursing service therefor. The district board of health shall provide for the quarantine of such carriers of syphilis, gonorrhea or chancroid as the state commissioner of health shall order to be quarantined. It shall use due diligence in the prevention of such venereal diseases and shall carry out all orders and regulations of the state department of health in connection therewith.

SECTION 14. Each district board of health shall provide for the free distribution of antitoxin for the treatment of cases of diphtheria and shall establish sufficient distributing stations to render such antitoxin readily available in all parts of the district.

SECTION 15. The district board of health hereby created shall exercise all the powers and perform all the duties now conferred and imposed by law upon the board of health of a municipality, and all such powers, duties, procedure and penalties for violation of the sanitary regulations of a board of health shall be construed to have been transferred to the district board of health by this act. The district board of health shall exercise such further powers and perform such other duties as are herein conferred or imposed.

SECTION 16. The district health commissioner shall make or cause to be made frequent inspections of all county infirmaries, children's homes, workhouses, jails or other charitable, benevolent, correctional or penal institutions in the district, including physical examinations of the inmates whenever necessary, and shall make or cause to be made such laboratory examinations of such inmates as may be requested by any state or county official having jurisdiction over such institution.

SECTION 17. The district health commissioner shall be a deputy of the state registrar of vital statistics and shall under his direction enforce all laws governing the registration of births and deaths. Each local registrar of vital statistics shall on or before the fifth day of each month transmit to the health commissioner of the district having jurisdiction all certificates of births or deaths received by such registrar during the preceding month. The health commissioner shall within five days transmit such certificates to the state registrar of vital statistics. When any registrar shall receive any certificate of a death from any contagious or communicable disease, he shall within twenty-four hours after receipt of such certificate notify the health commissioner of the district having jurisdiction of such death on a form to be furnished by the district board of health.

SECTION 18. The board of health may establish detention hospitals for cases of communicable diseases and provide for the support and maintenance thereof. It may collect from persons committed to such hospitals the amount actually expended in the care and treat-

ment of such persons while inmates therein. The expenses of such indigent persons as are committed to such detention hospitals shall be a proper charge against and shall be collected from the township or municipality from which such person was sent to the hospital.

SECTION 19. The state civil service commission of Ohio, shall upon recommendation of the state commissioner of health, survey the duties of employes necessary for efficient operation of district boards of health and shall classify such employes insofar as is practicable, determine the qualifications of, and fix a standard rate of compensation for each class. Such classification shall also include positions to be filled on a part-time basis. The state civil service commission shall hold examinations in various parts of the state and prepare lists of eligibles for the classes of employes so fixed. Such examinations shall be open to suitably qualified persons without restriction as to residence. The state civil service commission shall, upon request of any district board of health, certify lists of eligibles for appointment, giving preference in each case to eligibles resident in the district.

SECTION 20. All appointments by district boards of health shall be from the list of eligibles certified to [by] the state civil service commission, except that where no list of eligibles is furnished, temporary appointments for a period not to exceed ninety days may be made with the approval of the state civil service commission. The rate of compensation of persons shall be that fixed by the state civil service commission for that class. In grave emergency, and to prevent or combat serious epidemics, the state civil service commission shall, upon recommendation of the state commissioner of health, authorize the temporary employment of physicians, nurses and other necessary persons for periods not to exceed ninety days. Appointments to positions on a part-time basis shall be from lists certified by the civil service commission for part-time employment and the compensation paid any part-time employe shall not in any one year exceed one-half the compensation fixed by the civil service commission for whole-time service in the same class. Persons appointed for whole-time service shall give their entire time to the duties of such position and shall not engage in any other business.

SECTION 21. It shall be the duty of the county commissioners or of the city council to furnish suitable quarters for any board of health or health department having jurisdiction over all or a major part of such county or municipality in accordance with the provisions of this act.

SECTION 22. In general health districts the prosecuting attorney of the county constituting all or a major part of such district shall act as the legal advisor of the district board of health. In a proceeding in which the board of health of any general health district is a party the prosecuting attorney of the county in which such proceeding is instituted shall act as the legal representative of the district board of health.

SECTION 23. The treasurer of a city which constitutes a separate health district shall be the custodian of the health fund of such municipal health district. The county treasurer of a county which constitutes all or the major portion of a general health district shall be the custodian of the health fund of that health district. The auditor of a county which constitutes all or a major portion of a general health district shall act as the auditor of the general health district. Expenses of the board of health or health department of a health district shall be paid on the warrant of the municipal or county auditor issued on vouchers approved by the board of health or health department of the district and signed by the health commissioner.

SECTION 24. When any general or municipal health district has been duly organized as provided by this act and has employed for whole-time service a health commissioner, a public health nurse and a clerk, the chairman of the board of health, or the principal executive officer of the department of health as the case may be shall semi-annually upon the first day of January and of July certify such fact to the state commissioner of health, stating the salaries paid such health commissioner, public health nurse and clerk during the preceding six months. If such board of health or health department has complied with the orders and regulations of the state department of health and has truly and faithfully complied with the provisions of this act, the state commissioner of health shall endorse such facts on the certificate and shall transmit the certificate to the auditor of state, who shall thereupon draw a voucher on the treasurer of state to the order of the custodian of the funds of

such health district, payable out of the general revenue fund, in amount equal to one-half of the amount paid by the district board of health or health department to such health commissioner, public health nurse and clerk, during such semi-annual period: Provided, that if the amount paid by such district board of health or health department during any six months is in excess of two thousand dollars, the amount to be paid by the auditor of state shall be one thousand dollars and no more, and no payment shall be made unless the certificate of the district board of health or health department shall have been endorsed by the state commissioner of health as herein provided.

SECTION 25. The board of health of a general health district shall annually, on or before August first, estimate in itemized form the amounts needed for the current expenses of such district for the fiscal year beginning on the first day of January next ensuing. Such estimate shall be certified to the county auditor and by him submitted to the district advisory council at a meeting held at his office on the second Monday of September. The district advisory council may reduce any item or items in such estimate but may not increase any item or the aggregate of all items. The aggregate amount as fixed by the district advisory council shall be apportioned by the county auditor among the townships and municipalities composing the health district on the basis of population as shown by the last preceding federal census. The district board of health shall certify to the county auditor the amount due from the state as its share of the salaries of the district health commissioner, public health nurse and clerk for the next fiscal year which shall be deducted from the total of such estimate before an apportionment is made. The county auditor, when making his semi-annual apportionments of funds shall retain at each one-half of the amount so apportioned to each township and municipality. Such moneys shall be placed in a separate fund, to be known as the "district health fund." When a general health district is composed of townships or municipalities lying in two or more counties, the county auditor making the original apportionment shall certify to the auditor of each county concerned the amount apportioned to that township or municipality. Each auditor shall withhold from the semi-annual apportionment to such township or municipality the amount so certified, and shall pay the amounts so withheld to the custodian of the funds of the health district concerned, to be credited to the district health fund. Where any general health district has been united with a municipal health district located therein, the mayor of the municipality shall annually on or before the first day of August certify to the county auditor the total amount due for the ensuing fiscal year from the municipalities and townships in the district as provided in the contract between such municipality and the district advisory council of the original health district. The county auditor shall thereupon apportion the amount so certified to the townships and municipalities, and withhold the sums so apportioned as herein provided.

SECTION 26. In case of epidemic or threatened epidemic or during the unusual prevalence of a dangerous communicable disease, if the moneys in the district health fund of a general health district are not sufficient, in the judgment of the board of health of such district, to defray the expenses necessary to prevent the spread of such disease, such board of health shall estimate the amount required for such purpose and apportion it among the townships and municipalities in which the condition herein described exists, on the basis provided for in section 25 of this act. Such estimate and apportionment shall be certified to the county audtior of the proper county or counties, who shall draw an order on the clerk, auditor or other similar officer of each township or municipality affected thereby, for the amount to it apportioned. Such clerk, auditor or other similar officer shall forthwith draw his warrant on the treasurer of such township or municipality for the amount of such certification, which shall be honored by the treasurer from any general treasury balances subject to his control, regardless of funds. The clerk, auditor or other similar officer shall thereupon set up an account to be designated "emergency health account," showing a deficit therein, and certify the action taken to the trustees or council or other body having the power to borrow money. Thereupon the trustees or council or other similar body may exercise the powers provided for in sections 4450 and 4451 of the General Code. Tax levies made for the purpose set forth in this section shall be subject

to the provisions of section 5649-4 of the General Code. Moneys raised under the authority herein conferred shall be placed in the treasury of the borrowing subdivision and credited to the "emergency health account," which shall thereupon be closed; so that the moneys taken from general cash balances shall be restored thereto and the regular funds of the subdivision shall be restored thereby.

If there is not sufficient money in the general cash balances of such subdivisions to satisfy the warrant so drawn by the clerk, auditor or other similar officer, the treasurer thereof shall honor the same to the extent of the cash in such treasury and the balance shall be certified by the clerk, auditor or other officer and the treasurer, jointly, to the trustees, council or other borrowing authority, which shall immediately exercise the powers provided for in this section, to raise the amount of the warrant. The proceeds of such action shall be paid into the general cash balance in the treasury of the subdivision, and the balance due on the warrant shall then be paid.

The warrants provided for in this section shall be drawn in favor of the county treasurer, as treasurer of the district health fund, and the proceeds shall go into such fund. A separate account shall be kept of expenditures under this section. If a greater amount is expended in any township or municipality than the amount drawn therefrom by action hereunder, the excess shall be charged against such subdivision at the next annual apportionment in addition to the amount apportionable to such subdivision under section 25 of this act. If the amount drawn under this section is not wholly expended in any subdivision, the unexpended remainder shall be credited to the next annual apportionment to such subdivision.

Performance of the official duties by this section imposed on officers, boards and legislative bodies, may be enforced by mandamus on the relation of the district board of health, which is hereby given special capacity to sue in such action. In any such case, the return day of the alternative writ shall be not more than three days after the filing of the petition.

SECTION 27. The board of health of a general health district may make such orders and regulations as it deems necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement or suppression of nuisances. All orders and regulations not for the government of the board, but intended for the general public, shall be adopted, recorded and certified as are ordinances of municipalities and record thereof shall be given in all courts of the state the same force and effect as is given such ordinances, but the advertisements of such orders and regulations shall be by publication in one newspaper published and of general circulation within the general health district. Publication shall be made once a week for two consecutive weeks and such orders and regulations shall take effect and be in force ten days from date of first publication. Provided, however, that in cases of emergency [caused] by epidemics of contagious or infectious diseases, or conditions or events endangering the public health, such boards may declare such orders and regulations to be emergency measures, and such orders and regulations shall become immediately effective without such advertising, recording and certifying.

SECTION 28. In case any section or sections or part or [of] any section or sections of this act shall be found unconstitutional, the remainder of the act shall not thereby be invalidated, but shall remain in full force and effect.

Sec. 1245. The state *department* of health *shall* make provision for annual conferences of *district health commissioners* * * * for the consideration of the cause and prevention of dangerous communicable diseases and other measures to protect and improve the public health. Each board of health or other body or person appointed or acting in place of a board of health shall appoint *its health commissioner or health officer* * * * a delegate to such annual conferences. The *district board of health* * * * shall pay the necessary expenses of such delegate upon presentation of a certificate from the state *commissioner* of health * * * that the delegate attended the sessions of such conference.

Sec. 1246. *The state commissioner of health may require any district health commissioner to attend immediately after his appointment, a school of instruction to be conducted by the state department of health at Columbus. The course at such school of instruction shall not exceed four weeks in duration, and the necessary expenses of the district health commissioner in attending such school shall be paid by the*

district board of health upon certification from the state commissioner of health that such officer has attended the school of instruction.

Sec. 4404. The council of each municipality *having a population of twenty-five thousand or over, as shown by the last preceding federal census,* shall establish a board of health, composed of five members to be appointed by the mayor and confirmed by the council who shall serve without compensation and a majority of whom shall be a quorum. The mayor shall be president by virtue of his office. *Provided that nothing in this act contained shall be construed as interfering with the authority of a municipality having a population of more than twenty-five thousand at the last preceding federal census, making provision by charter for health administration other than as in this section provided.*

Sec. 4405. If *any* such municipality fails or refuses to establish a board of health * * * the state *commissioner* of health may appoint a health *commissioner* therefor and fix his salary and term of office. Such health *commissioner* shall have the same powers and perform the duties *granted to or imposed upon boards of health, except that rules, regulations or orders of a general character and required to be published made by such health commissioner shall be approved by the state commissioner of health. The salary of the health commissioner* so appointed, and all necessary expenses incurred by him in performing the duties of the board of health shall be paid by and be a valid claim against such municipality.

Sec. 4408. *In any municipal health district, the board of health or person or persons performing the duties of a board of health shall appoint within the classes fixed by the state civil service commission of Ohio for whole-time service, a health commissioner, a public health nurse and a clerk. It may also appoint additional physicians, public health nurses and other persons, within the classes fixed by the state civil service commission of Ohio. Where the municipal civil service commission has held examinations for appointment within the classes so fixed, and has certified lists of eligibles for the classes from which appointment is to be made, such appointments shall be made from the lists so certified, but if the municipal civil service commission has not held examinations in accord with the classification made by the state civil service commission, or cannot furnish lists of eligibles for such classes, appointment shall be made from lists of eligibles furnished by the state civil service commission as hereinbefore provided. Where no list of eligibles is furnished by the municipal or state civil service commission, temporary appointments may be made for periods not to exceed ninety days with the consent of the state civil service commission.*

Sec. 4409. The *secretary* of the board shall keep a full and accurate record of the proceedings of the board together with a record of *diseases reported to the health* commissioner and on *termination* of his office shall turn over to his successor, books, records, papers and other matter belonging to the board. Each board of health, or *person or persons performing the duties of the board of health* shall procure suitable books, blanks, and other things necessary to the transaction of its business. Such records *shall be kept as are required by the state commissioner of health and such forms shall be used as he may prescribe.*

Sec. 4410. *The board of health* shall care for the sick poor and each person quarantined * * * when such person is unable to pay for *care and treatment,* and for all persons sent * * * to the municipal *detention hospital* when such persons are unable to pay for *care and treatment.*

Sec. 4413. The board of health of a municipality may make such orders and regulations as it deems necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement or suppression of nuisance. Orders and regulations not for the government of the board, but intended for the general public, shall be adopted, advertised, recorded and certified as are ordinances of municipalities, and the record thereof shall be given, in all courts of the state, the same force and effect as is given such ordinances. *Provided, however, that in cases of emergency caused by epidemic of contagious or infectious diseases, or conditions or events endangering the public health, such boards may declare such orders and regulations to be emergency measures, and such orders and regulations shall become immediately effective without such advertising, recording and certifying.*

Sec. 4429. When a case of smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup,

scarlet fever *or other communicable diseases declared by the board of health or state department of health to be quarantinable* is reported within its jurisdiction, the board of health shall at once cause to be placed in a conspicuous position on the house wherein such disease occurs a quarantine card having printed on it in large letters the name of the disease within, and prohibit entrance to or exit from such house without written permission from the board of health, *or shall enforce such restrictive measures as may be prescribed by the state department of health.* No person shall remove, mar, deface, or destroy such quarantine card, which shall remain in place until after the patient has been removed from such house, or has recovered and is no longer capable of communicating the disease, and the house and the contents thereof have been properly purified and disinfected by the board of health *or treated in such manner as may be prescribed by the state department of health.*

Sec. 4430. Each physician attending a person affected with any disease shall use precautionary measures to prevent the spread of the disease as is required by the board of health. No person quarantined by a board of health on account of having a contagious disease or for having been exposed thereto, shall leave such quarantined house or place without the written permission of the board of health, and where other inmates of such house have been exposed to and are liable to become ill of any of such diseases, for *such* period thereafter * * * *as may be prescribed in the rules and regulations of the state department of health.*

Sec. 4436. When a house or other place is quarantined on account of contagious diseases, the board of health having jurisdiction shall provide for all persons confined in such house or place, food, fuel and all other necessaries of life, including medical attendance, medicine and nurses when necessary. The expenses so incurred, except those for disinfection, quarantine or other measures strictly for the protection of the public health, when properly certified by the president and clerk of the board of health, or health officer where there is no board of health, shall be paid by the person or persons quarantined, when able to make such payment, and when not, by the municipality or *townships* in which quarantined.

Sec. 4437. No person residing in or occupying a house in which a person is suffering from smallpox, cholera, plague, typhus fever, diphtheria, membranous croup, scarlet fever *or other dangerous contagious disease,* shall be permitted to attend any public, private or parochial school or college or Sunday school, or any other public gathering, until the quarantine provided in such disease has been removed by the board of health. All school principals, Sunday school superintendents, or other persons in charge of such schools, are hereby required to exclude any and all such persons until they present a written permit of the board of health to attend or re-enter such schools.

Sec. 4476. On or before the fifteenth day of January of each year, the board of health or health department shall make a report in writing for the preceding calendar year to the council of the municipality and to the *state commissioner* of health. Such report shall be on the sanitary condition and prospects of such municipality, and shall contain the statistics of deaths, the action of the board and its officers and agents and the names thereof. It shall contain other useful information, and the board shall suggest therein any further legislative action deemed proper for the better protection of life and health. Such board of health and health departments shall promptly furnish any special report called for by the state *commissioner* of health.

Sec. 12785. Whoever, while suffering from smallpox, cholera, plague, yellow fever, diphtheria, membranous croup, scarlet fever or *other dangerous contagious disease,* wilfully or unlawfully exposes himself in a street, shop, inn, theater, or other public place or public conveyance, or, being in charge of a person so suffering, so exposes such sufferer, or gives, lends, sells, transmits or exposes without previous disinfection by the board of health bedding, clothing, rags, or other thing, which has been exposed to infection from such disease, or knowingly lets for hire a house, room or part of a house in which a person has been suffering from such disease, prior to the disinfection thereof by the board of health, shall be fined not more than one hundred dollars or imprisoned not more than ninety days, or both.

SECTION 29. That said original sections 1245, 1246, 3391, 3392, 3393, 3394, 4404, 4405, 4408, 4409, 4410, 4413, 4429, 4430, 4436, 4437, 4476 and 12785 of the General Code be and the same are hereby repealed.

What the Legislators are Doing in Regard to Public Health

THE General Assembly's first enactments on the subject of public health at the present session were two joint resolutions — one providing for a survey and study of hospital facilities in Ohio by the State Department of Health and the other petitioning Congress for an appropriation of five million dollars to finance a study of the cause and prevention of influenza. Both measures are a result of the recent epidemic.

House Joint Resolution No. 13, introduced by Chairman C. F. Talley of the House public health committee, is as follows:

H. J. R. No. 13.—Providing for a survey and study of hospital facilities by the State Department of Health.

WHEREAS, The recent influenza epidemic indicated in an alarming manner the inadequate facilities of this state for the care of the sick; and

WHEREAS, Many lives were lost which could have been saved with facilities for proper care; and,

WHEREAS, The state should be prepared to meet any further recurrence of such situations; therefore,

Be it resolved by the General Assembly of the State of Ohio, That the State Department of Health shall make a survey and study of the present hospital and dispensary facilities of the state and make recommendations for such legislative action as is necessary to bring about a closer working relation between so-called private hospitals and dispensaries and the state; and such further recommendations as are necessary for the development of existing hospital and dispensary facilities to meet the needs of the sick.

This resolution was introduced January 23 and was passed unanimously by both houses.

The resolution asking for a congressional appropriation to fight influenza was House Joint Resolution No. 12, introduced by Representative George Wiest of Tuscarawas County. Its text follows:

H. J. R. No. 12. — Petitioning congress to take action for the suppression of influenza.

WHEREAS, This country has been devastated recently by an epidemic of one of the most deadly diseases known to science, and

WHEREAS, Medical experts are not agreed either as to its origin nor the proper mode of treatment; and

WHEREAS, Those countries where it was first prevalent suffered more than one attack of the scourge and there is reason to fear that we will have a like experience; and

WHEREAS, The public health cannot be safeguarded on state lines but is a matter of national concern, therefore

Be it resolved by the General Assembly of the State of Ohio:

SECTION 1. That we request the Congress of the United States to appropriate an amount not less than five million dollars to be devoted to an investigation of the origin and nature of the disease commonly called "Spanish Influenza" and of the best methods of counteracting it and to the protection of our national life by the total eradication of the germ or germs to which such disease is traceable.

SECTION 2. That copies of this resolution be sent by the secretary of state to the Speaker of the House of Representatives at Washington, D. C., and to the president of the Senate of the United States.

January 23 was also the date of introduction of this resolution, which was passed by the House 83 to 4 and by the Senate 26 to 4.

The next measure adopted was House Bill No. 21, introduced by

Representative William L. Hughes of Lorain, "to amend Section 4411 of the General Code, relating to employees of local boards of health." The bill authorizes the employment of public health nurses by municipal boards of health.

According to a ruling of the attorney general, the present law does not provide for this form of health work, except in cities operating under home rule charters, which have such authority in this respect as is provided for by their charters. The bill provides that the board of health may employ as many nurses as it deems necessary, subject to the power of council to set a maximum limit. As originally introduced, the measure required that only registered nurses be employed, but by the terms of an amendment added by the House, "where registered nurses are not available, the board may appoint other suitable persons as public health nurses." This bill was passed as an emergency measure and was signed by the Governor February 28. Lorain, the home of Representative William L. Hughes, who introduced the bill, is one of the cities which has been most desirous of obtaining the right to institute a municipal public health nursing service.

Chief among the pending public health legislative measures, other than the bill to reorganize the local public health machinery of the State, are the following:

Senate Bill No. 2, Mr. Kryder. —To amend Section 12600-65 of the General Code (as amended 102 O. L., pp. 630, 631) relative to the installation of sanitary closets and urinals.

Senate Bill No. 15, Mr. Kryder. —To amend Sections 1352, 6259 and 6262, to add supplementary Section 1236-6 and to repeal Sections 6257 and 6258 of the General Code, relative to classification and inspection of hospitals.

House Bill No. 142, Mr. Lonz. —To require persons employed or working in or about a restaurant, lunch room, bake shop, candy shop, cannery, kitchen or any place or establishment of any kind whatsoever where food for human consumption is prepared for sale or prepared and sold to be free from venereal or other contagious or infectious diseases.

The installation of chemical closets in school buildings which are without water and sewerage systems is authorized by the first of these three measures. The present law prohibits the installation of any toilet facilities in such buildings. According to specifications which are set down in the bill, a chemical closet installed in a building must consist of "a properly constructed tank or vault kept supplied with a solution for the chemical sterilization of feces and urine, and equipped with means for thoroughly agitating contents of tank or vaullt and further provided with facilities for venting by means of a vent pipe connected with the bowl or urinal and carried to a height three feet above the roof of the building wherein system is installed" and must have "a bowl, the construction of which is such as to draw a current of air down through the bowl so that the entire inside of the bowl is aerated and the odors drawn into a vent duct at the floor line and effecting oxidation of any fecal matter clinging to sides of bowl," or "a urinal emptying directly into the tank or vault and provided with means for continual venting of

same." The proposed law does not change in any way the requirements as they now exist for water supply and sewage disposal in school buildings having access to water and sewerage systems. The bill has been passed by the Senate and is before the House.

Senator Kryder's bill regarding the classification of hospitals gives the Commissioner of Health power to define and classify hospitals and dispensaries and requires hospitals and dispensaries to register with the State Department of Health and to furnish such information as may be prescribed by the Commissioner. In addition the bill draws a sharp line between the respective jurisdictions of the State Department of Health and the Board of State Charities over infant boarding homes and maternity hospitals and homes. It places the regulation of all institutions for the care of children in the hands of the Board of Charities and provides for the licensing and inspection by the State Department of Health of "maternity hospitals and homes, lying-in hospitals or places where women are received and cared for during parturition." This measure has been passed by the Senate and is before the House.

All persons employed in or about places where food for human consumption is prepared for sale or prepared and sold must submit to semi-annual medical examinations and must possess certificates of freedom from venereal or other contagious or infectious disease, granted as a result of such examinations, if the bill presented by Representative George Lonz becomes a law. Heretofore a regulation of the dairy and food department of the State Board of Agriculture has forbidden the employment of diseased persons in such establishments, but there has been no State law or regulation providing for the examination of persons to ascertain the condition of their health. Certain cities in the State, it may be noted, have ordinances similar to the proposed law. The local health authorities are by the Lonz bill required to provide for the necessary medical examinations and to order the discharge of persons found to have a contagious or infectious disease. An employer who refuses to comply with such an order or who knowingly retains in his employ a person so diseased is made liable to a fine of from twenty-five to two hundred dollars. The Lonz bill is before the House public health committee.

Senator George Kryder, who introduced both of the Senate bills referred to, is from McClure and represents the Thirty-third senatorial district. He is a member of the Senate committee on public health. Representative George Lonz, who presented House Bill No. 142, is Ottawa County's member of the House and resides at Middle Bass.

A number of other bills have been introduced which, while not so directly related to public health work, as those previously mentioned, are nevertheless of considerable interest to persons engaged in such activity.

Identical bills introduced by Senator Henry W. Davis and Representative John B. Morris sought to permit the charging of fees by Christian Scientist practitioners, by providing that the practice of Christian Science should not be considered the practice of medicine, as regulated by existing law.

This bill was defeated in the House and has not come to a vote in the Senate.

Practitioners of the various non-medical schools would be regulated by their own representatives on a State non-medical board, instead of by representatives of the "regular" schools of medicine who now comprise the State Medical Board, if the legislators should pass favorably upon a bill introduced by George J. Snyder in the Senate and Henry Evans in the House. This bill has been tabled in the Senate and is in committee in the House.

Representative C. W. King's bill, backed by miners of the State and unanimously passed by the House, would require mine operators to maintain washrooms for employees. The bill is before the public health committee of the Senate, having been passed by the House.

A bill introduced by Representative Harvey S. Cable provides for the maintenance of public comfort stations in municipalities. As passed by the House it requires such facilities in cities of 1,500 population or over. The Senate public health committee has recommended an amendment to require comfort stations in all municipalities having public water supplies, regardless of population.

An appropriation of $25,000 for the establishment of a State hospital for accidentally injured persons is provided for in a bill introduced by Representative R. B. Carson. Under the terms of the bill, the selection of a site and the construction of the hospital are placed in the hands of a commission consisting of the governor, the attorney general, the "secretary of the State Board of Health" and a fourth member appointed by the governor. The author of the bill would require that the hospital be located in his home county of Meigs. The bill is in the hands of the House committee on mines and mining.

A bill introduced by Senator William E. Sparks provides for the creation of a State hotel department to license hotels, rooming houses and restaurants and regulate safety and sanitary conditions therein. This bill has the backing of the traveling salesmen of the State. The terms "hotel" and "restaurant" are defined in the bill and annual license fees of five dollars for restaurants, ten dollars for hotels of less than twenty-five sleeping rooms and fifteen dollars for larger hotels are prescribed. Among other provisions are requirements for the keeping of premises in a sanitary condition, for sanitary storage and daily removal of garbage, for screening of places where food is handled or served, for daily sterilization of utensils used in preparation of food, for cleanliness and freedom from disease on the part of food handlers and for protection of displayed food from dust, flies, etc. Inspections, by the terms of the bill, are to be made annually or oftener, and failure to comply within thirty days with orders of the inspector for changes is made punishable by a fine of ten dollars for each day's delay, with closure of the hotel or restaurant as the penalty for delay longer than thirty days. Proper plumbing, lighting and ventilation, in conformity with the building code, are prescribed, and the use as a sleeping room of a room which does not open to the outside or to a court is forbidden. Provisions as to care of bedrooms include:

ninety-inch top sheets, furnishing of freshly-laundered bed linen to each new guest, cleanliness and freedom from vermin or infection of all other bed clothing, fumigation of every room after occupancy by a person having a communicable disease. There are various other provisions, such as posting in each room a notice of the price thereof and maintenance of a checkroom, which have no bearing upon sanitary conditions but which are deemed by the author essential to the convenience of the traveling public. The Sparks bill was referred to the public health committee and later to the finance committee of the Senate. An identical measure, introduced by Representative Bliss, by request, is before the insurance committee of the House.

A bill introduced by Senator Lloyd forbids the practice of dentistry except under the practitioner's own name, exempts dentists from jury duty and prohibits physicians and surgeons from advertising themselves as dentists. The public health committee of the Senate has the measure under consideration.

Public Health Committees

The public health committees of the two houses of the General Assembly are composed as follows:

Senate — Howell Wright, chairman, Cleveland, secretary; Wallace W. Bellew, Lockland, attorney; George Kryder, McClure, farmer; Henry W. Davis, Youngstown, real estate; Thomas W. Berry, Spencerville, farmer and manufacturer.

House — C. F. Talley, chairman, Powell, physician; William L. Hughes, Lorain, lawyer; B. J. Emery, Defiance, dentist; John B. Morris, Cincinnati, insurance; Robert C. Dunn, Bowling Green, lawyer; John S. Faris, Hillsboro, real estate; Horace W. Cookston, Agosta, farmer; C. C. Crabbe, London, lawyer; Simeon H. Bing, Rio Grande, president of Rio Grande College; J. E. Foster, Coshocton, veterinarian; Edward D. Helfrick, Galion, physician; A. L. Stump,

(*Concluded on page 76.*)

INDIANA GOVERNOR SEEKS HEALTH IMPROVEMENTS

Indiana's governor, like Ohio's, urged public health improvements in his message to the legislature this winter. "It is the duty of the state," said Governor Goodrich, "to do everything possible to conserve the health, the physical and moral well-being of our people. It has been demonstrated that our public health laws are inadequate to meet the situation. The revelations of the draft examinations are convincing. Not only has a large proportion of our young men been pronounced unfit for service and rejected on the initial examination, but as the further sifting process has been continued, it has been ascertained, that at least one-third of the young men of the country were unfit for service. . . . Physical education is as necessary to the development of our young people as mental training. . . . Our educational system should be so organized as to provide for compulsory physical education of our young people."

The governor indorsed the movement for full-time health officers and urged the adoption of measures to improve sanitary and health conditions in rural schools.

Health of Ohio Coal Miners

Abstract of a Report by Emery R. Hayhurst, Ph. D., M. D., Consultant in Industrial Hygiene, Ohio State Department of Health.

I. INTRODUCTION

THE health of employees in the coal mining industry in the United States has remained a matter of considerable doubt and uncertainty. According to a summary of literature and experiences made (1918) by a leading vital statistician in the country, there is an existing amount of superficial information more or less misleading which should be replaced by more trustworthy data. In regard to certain working conditions an exception should be made in respect to the reports of the U. S. Bureau of Mines and associated institutions, especially concerning certain features of ventilation, temperature and humidity, and particularly in respect to explosions and sudden disasters such as asphyxia. There has been no attempt to separate vital statistics of hard and soft coal miners. In the "Survey of Occupational Diseases" made by the Ohio State Board of Health in 1913-1915, the mining industry was not included.

To get more knowledge of the status of health, of vital statistics and of public health administration in coal mining districts, and to find what the provisions are for meeting the hazards of sickness and death, the Ohio Health and Old Age Insurance Commission assigned the investigation of these questions to the writer in a cooperative arrangement with the State Department of Health, through its Division of Industrial Hygiene, of which Dr. R. P. Albaugh was director at the time the field work was done. In addition, a similar investigation was made in Illinois by the writer in conjunction with a representative of the Illinois State Department of Health.

Bituminous or soft coal only is mined in Ohio. The importance of the industry is indicated by the fact that during the year 1917 the total number of employees, as reported by the statistical department of the Ohio Industrial Commission, was 49,919. The total production of coal for the year was 41,677,986 tons. The Ohio output comprised 7.6 percent of the total amount of the bituminous coal produced for the country in 1917, the leading states being Pennsylvania, West Virginia, and Illinois. In 1917, thirty counties in the State produced coal. Reports show that the industry, while fluctuating year by year, is constantly on the increase, and the coal in sight in Ohio is enough to last for several centuries, allowing for stable increment in the rate of mining.

"The coal fields of Ohio lie in the eastern part of the State, extending from near the shore of Lake Erie in Geauga and Lake counties south-westward to Scioto and Lawrence counties on the Ohio river. An area of about 12,650 square miles, nearly one-third of the state, is underlain with coal-bearing rocks."

SOURCES OF INFORMATION.—The investigators held conferences with the officials of the State Mining

Department; with Mr. G. W. Savage, district secretary for the State of Ohio of the United Mine Workers of America, to which all Ohio miners belong (with the exception of one mine); with Dr. A. W. Freeman and Mr. James E. Bauman, Commissioner and Deputy Commissioner, respectively, of the State Department of Health; with the officials of various coal companies, and with the district mine inspectors, physicians in coal mining communities and many other informed persons. The answers submitted by the twelve district mine inspectors to questionnaires and in conferences were complete for all districts and full of valuable information; they summarized whole districts where the investigators were enabled to visit certain representative places only.

The itinerary for the trips of investigations included representative centers in each coal district of the State, with the exception of the nearly worked-out District No. VII, having Massillon as its center and comprising the northwest corner of the coal field. Mine inspectors, mine managers, and others were interviewed in connection with forty-three mines which were visited. Table I shows at a glance the distribution of sources of information.

The ten chief coal producing counties are shown in Table II.

Vital Statistics are not collected for Ohio coal miners by any agency. In Illinois, the writer found it possible to obtain consideral information from the deaths claim insurance maintained by the U. M. W. of A. in that state, which inquires carefully into the causes of all deaths of miners. Summaries from these will be given in this report farther on.

Selection of Mines to visit was made so as to lay stress on older districts and to include mines of large, medium and small production and those adjudged by district mine inspectors and others to be good, fair and bad in respect to working conditions.

Investigation also covered typical examples of housing conditions and made a study of the various methods used in mining communities to cope with sickness and death. The investigators at first traveled by train to mining centers and hired automobiles for getting out to the mines. This method proved too slow and costly and the work was carried on thereafter entirely by automobile from Columbus. Much of the mining field is in difficultly traversed hill regions. The field work extended from June 18 to July 15, and from August 20 to Septemmber 15. The intervening weeks were spent in a similar inquiry in Illinois. Thereafter further information was obtained by questionnaires and conferences.

The number of mines with their average number of employees is shown in Table III.

II. WORKING CONDITIONS

THE drift or slope mine comprises 1,108 of the total of 1,223 mines in operation in the State in 1917. The room-and-pillar style of development is the typical one. There is a slight dip in the general coal field toward the south-east which in the average mine equals 27 feet to the mile. Long-wall mining, in which ventilation is little easier to maintain, occurs at but one mine, that of the

TABLE I.—SOURCES OF INFORMATION.

Dist. Number.[1]	Principal city or cities in district.	Number of counties in district.[2]	Counties included in investigations.	Total number of mines.	Number of mines visited.	Total number of miners (1917).	Number of men at mines visited.	Number of physicians interviewed.
I	Jackson .. Ironton ..	5	Jackson ... Vinton	174	5	2,929	209	4
II	Nelsonville ..	1	Hocking	77	9	2,623	1,514	5
III	Athens ... Pomeroy .	2	Meigs ..... Athens	155	5	9,306	890	4
IV	Zanesville ...	3	Perry	148	1	4,687	100	1
V	Cambridge ..	3	Guernsey	65	12	5,354	1,647	3
VI	Coshocton New Philadelphia	3	Coshocton	177	3	3,902	233	1
VII	Massillon ...	7	Stark[3]	104	.....	1,285	.....	.....
VIII, IX, X, XI	Steubenville ... Bellaire ..	4	Belmont ... Jefferson .. Harrison ..	258	5	18,854	1,194	2
XII	Salem	2	Columbiana ...	51	3	979	285	3
	Totals	30	.....	1,209	43	49,919	6,072	23

[1] We have followed the division used by the State Mining Department. The first seven and the twelfth districts constitute the region of previous great development. They are all being worked out. The eighth to the eleventh districts constitute the region of present great development. Great quantities of coal are still untouched. Of the total number of miners in these four districts, 12,079 are in Belmont County alone. Practically all the coal from these four districts comes from the seam known as Pittsburgh No. 8.

[2] The coal districts are not divided strictly by counties, but rather by railway routes, hence, the figures for the number of counties in this column do not correspond with district boundries in all cases.

[3] Stark County was entirely covered in a school survey by the writer in 1915 during which time local mines were noted.

TABLE II.—CHIEF COAL PRODUCING COUNTIES (1917).

County.	*Tons produced in* 1917.
Belmont	11,156,666
Athens	6,313,619
Jefferson	5,742,240
Guernsey	4,024,265
Perry	2,445,114
Hocking	2,211,858
Tuscarawas	1,788,800
Meigs	1,267,144
Harrison	1,222,561
Jackson	1,016,249

TABLE III.—NUMBER OF MINES REPORTING WITH AVERAGE NUMBER OF EMPLOYEES (1917).

Average number of employees.	*Number of mines reporting.*
Less than 10.....	592
10 but under 50.....	345
50 but under 100.....	102
100 but under 200.....	92
200 and more*.....	76
Total	1,207

* The largest number of employees at any one mine during the time of our investigations was 488.

LaBelle Iron Works at Steubenville. Shaft mines are 117 in number. Ohio is considered a locality of shallow mining. This is due to the fact that the coal field lies on the western edge of the Appalachian coal trough whose seams outcrop sooner or later as they approach the western margin of the coal field. Mines vary in depth from those upon the surface, which are simply stripped, to 275 feet at the foot of the deepest shaft mine. All geological seams from Nos. 1 to 9 are worked, including a couple of intervening seams. The deepest known seam is designated as No. 1. In addition to the 11 main seams, 8 others are occasionally mined at favorable places. The distance to the working face in older mines amounts to as high as 4¾ miles (Rail and River Mine, Belmont County) from the entrance. The power used for hoisting in shaft mines is usually electric, but many mines use steam. Small drift mines use animal or man power. Haulage in bigger mines is principally by electric motors with mules or ponies for terminal work. Only a few mines have barns located below ground. Mining machines under-cut 85.7 percent of the coal produced, the balance being pick mined. The number of employees in machine mines in 1917 was 42,996; of employees in pick mines, 6,923. In Illinois, the two types of mining are more nearly equal.

The CHIEF BLASTING SUBSTANCE used is black powder, ranging in size from 26/64 (CC) to 9/64 (FF). Very little so-called "permissible" explosive is used. Dynamite is used occasionally for "horsebacks" or boulders; also rather extensively in the few large stripping mines. Shooting down of coal may be done at any time of the day except where local mines have forbidden such practice. One mine inspector said that no shooting was allowed during work hours in his district due to an agreement between the workmen and operators. There is no State law covering the time for blasting coal.

Ohio mines are, as a class, wet mines, oftentimes actually dripping from overhead more or less throughout the mine and muddy under foot. This is because they are largely shallow mines. Some of the deeper mines are quite dry and have to resort to sprinkling of roadways to prevent explosions following along dust courses.

The chief MINE GASES are of three types: fire damp (methane, CH_4) which is explosive but not dangerous to health; black damp (where carbon dioxide and nitrogen are increased at the expense of oxygen); and white damp (carbon monoxide). The first two "damps" occur naturally in mines and ARTIFICIAL VENTILATION, which is promoted by means of large blow-fans or furnaces as a rule, is necessary to keep these gases sufficiently diluted to prevent explosions and to supply enough oxygen to the workmen for breathing purposes and for the burning of lamps. The State mining laws are very specific on the details of this artificial ventilation of mines and through the inspection system and the employment of mine examiners by the operators, a high degree of ventilation perfection is usually maintained. Small mines use natural ventilation with success.

The mines of parts of the State, as about Athens and Cambridge, tend to produce fire-damp and occasionally explosions occur, but on the whole Ohio mines are not con-

sidered very "gassy" (meaning fire-damp); they do not compare with British mines, nor are they as bad as some Illinois mines in this respect. There is no mine in the State in which safety lamps have to be used exclusively, which is characteristic of many British mines. White damp occurs in mines in connection with fires and explosions and the blasting powder when the air supply is insufficient. It is always the result of incomplete combustion. It is the dangerous component of "after damp" which occurs after fires, etc., and which has rather more effect on canaries or mice than upon men so that the latter have been used as test animals. The collections of this gas are insidious and the miner has no ready means of detecting it. Many Ohio miners suffer from it because of the constant shooting which is allowed during work hours. "Feeders" or "blowers" of illuminating gas, such as is used for domestic purposes, are little known in Ohio. Gasoline locomotives, such as exist in some Illinois mines, are not allowed in Ohio mines, principally because of the pollution of the mine air by the dangerous exhaust fumes characteristic of gasoline motors.

Miners usually work two in a room, or at least in pairs, in two or more rooms, and an especial feature of ventilation is to split the air currents entering the mine so as to pass fresh air in a method of even distribution to these work rooms. The law requires that no men be allowed to work in rooms or advancing entries more than 60 feet "ahead of the air," which means the distance from a definite air current of given volume. An effort is made to keep this air current equal to 150 cubic feet per man per minute (with fifty cubic feet increase in gassy mines) and 500 cubic feet for each animal.

The TEMPERATURE of mines is very constant. Shallow or wet mines are the coolest (temperature falling to between fifty and sixty degrees at the working face). Mines between 300 and 600 feet deep have temperatures ranging from sixty to seventy degrees. Slight seasonal variations occur. The air always increases in temperature as it passes through the mine. The HUMIDITY of mine air is invariably high since even air carrying minimum amounts of water vapor into the mine, as in the winter time, still leaves the mine nearly saturated, having absorbed moisture out of the coal and strata. Hence, the physical condition of mine air, with the exception of dust, is ideal for work. The chemical condition is rendered so through close obedience to the mine laws on ventilation.

DUST stands as the chief bane of coal mine air for the vast majority of miners and, speaking from a health point of view, its varying composition from coal dust to granite dust is in proportion to its danger to health. Pick miners, machine men and loaders (i. e., workers at the face) and tipple men are especially exposed.

Practically all mines are infested with RATS or MICE, sometimes both. In the absence of epidemics such as plague, they have little significance as a health hazard to miners. INSECTS in mines exist only as gnats or small flies, few in number and consequently of small menace. Mosquitoes invade drift mines for a few score of feet only. When sanitary privies are absent on the surface (which is the invariable rule), these and other insects are a

great menace as the carriers of disease from excrement to food.

For the year 1917, out of the total of 49,919 employees at the mines in the state, 43,637 worked underground. The EIGHT-HOUR DAY is universal, although some company men may work as long as ten hours. Overtime is very infrequent. Small night shifts are employed at some big mines. ABSENTEEISM averages about ten percent per day and this percentage is about doubled for a day or two following payday, which occurs twice a month. Injuries cause about two percent of total absences. LABOR TURNOVER is much more pronounced in large mines and mining centers, and amounts to from two to thirty percent per month.

RACE.—In the large producing districts, foreigners make up from seventy to ninety percent of the employees. These consist of fairly equal proportions of Austrians, Hungarians, Italians, Poles, Slavs, Belgians, Russians and other eastern and southern Europeans. Colored employes are found in small numbers and then in only a few mines. Britishers are frequent in older districts.

An inquiry into AGES of 4,793 employees (inside and outside workers) at thirty-four mines visited showed 0.6 percent over 70 years of age, 2.7 percent between 60 and 69; 87.0 percent between 22 and 59; and 9.7 percent between 16 and 21.

It was found that for the past two years mines have been working very steadily and that during the past year shortage of railroad cars for hauling coal away constituted the chief CAUSE FOR SHUT-DOWNS. Occasionally epidemics of the grippe limited a mine for a few weeks here and there. At the present writing, reports show that mining districts have been hit very severely by the influenza epidemic, many mines shutting down entirely. Celebrations and funeral observances cause shutdowns of a day at a time at most mines several times a year, in some respects the large mines suffering the greatest frequency of these. While sickness could not be discovered as a cause, still the part-days taken off by great numbers of workmen are likely more in the nature of health necessities than is usually thought.

TRANSPORTATION to and from mines is difficult in many of the districts of the State. This is because of the hilly character of the mining country. Some mines are practically inaccessible by automobile. Many lie at from four to seven miles from living communities and are reached by the men oftentimes with considerable difficulty. At some places, mine trains and special conveyances are provided. However, every conceivable mode of land conveyance is to be found in mining districts, many miners using horses or buggies and hitching them at the mine during work hours.

The MINE INSPECTION system of the State is chiefly concerned with the preventing of accidents, especially explosions, fires and asphyxiations; also with the compilation of statistics. For this purpose, the State is divided into twelve districts. The first seven of these districts constitute the western two-thirds of the coal field and are numbered from I in the south to VII at the north. The remaining districts compose the extreme eastern and northeastern part of the coal field. They are, also, numbered roughly from the south (Nos. VIII, IX, X) to the north (Nos. XI and XII). Each district is provided by law with a full time mine inspector, but one of the largest districts was without such,

during the time of the survey, because of inability to get the vacancy filled. Additional county mine inspectors do not exist as in Illinois. Each mine, also, has one or more mine inspectors paid by the company. While the inspection system is plainly short of man power, this provision for coal mines redounds as much to the general health as to the prevention of the disasters mentioned, since ventilation is a chief part of the inspection system.

WAGES were good at the time of the inspection and with the present steady work the pay envelope is large, while the poverty and pauperism are practically unknown. In previous years, because of extensive strikes and because of the lack of demand for coal, most mines have been shut down for many months every year. In Illinois, where similar conditions have prevailed, the "Springfield Survey" in 1915 found that many mining families had great difficulty in making ends meet throughout the year. Evidence was to the same import in Ohio.

The 43,637 EMPLOYEES within the mines for the year 1917 were divided as follows:

Pick miners	5,763
Inside day hands	10,175
Loaders, drillers, and shooters	23,900
Machine miners and helpers	3,799
Total	43,637

The outside workers totaled 6,282.

(To be continued)

NATIONAL HEALTH DEPARTMENTS

Nationalization of public health machinery seems to be under way, although at varying stages of progress, in three countries—Great Britain, Canada and the United States. In the United States the development takes the form of proposed extensive enlargements of the United States Public Health Service, with increased appropriations which, if passed, will make possible great extensions in the activities of the Service. Great Britain has a new Ministry of Health, under the direction of Sir Christopher Addison, president of the Local Government Board. Canada is to have a federal Department of Health, according to a recent government announcement.

TRIPLE TYPHOID VACCINE

The laboratory of the State Department of Health has ready for distribution, typhoid vaccine and triple typhoid vaccine containing typhoid, para A and para B. The triple typhoid vaccine is prepared according to the method of the United States Army Medical School. Health officers and physicians may obtain either vaccine by writing to the Commissioner of Health. It is desirable that only enough vaccine be ordered for immediate use.

Influenza and Pneumonia Deaths in Ohio in October and November, 1918

An Analysis of the Figures by O. L. Brodrick, Chief Statistician, Ohio Bureau of Vital Statistics, Department of the Secretary of State.

THE influenza and pneumonia epidemic first made its appearance in Ohio, at Camp Sherman, early in September, the first death occurring there on the seventh. During the month, eighteen deaths occurred in various sections of the State as follows: Ross County 8, Henry County 2, Preble County 2, Hamilton, Hardin, Jackson, Lorain, Montgomery and Washington Counties 1 each.

With the beginning of October, the epidemic swept over the State with an appalling number of fatalities. On the first day, 43 deaths were reported, and from this date, there was a rapid and almost unbroken increase in the number of fatalities until the 18th, when the first culminating point was reached with a total of 451 deaths. For a few days there was a slight subsidence, only to be followed by a second and higher peak, on the 27th and 28th, when 468 and 460 deaths were reported, respectively. After these two days, there was a very gradual decline in the number of deaths, which, though slightly interrupted early in November, continued throughout the month.

Chart No. I presents in a graphic manner the number of deaths for each day of the two months. For purposes of comparison, Norm I shows the average daily number of deaths from influenza and pneumonia for the five Octobers and Novembers of the years 1913 to 1917. Norm II shows the average daily number of deaths for these two months in 1918.

During October, there occurred a total of 8,934 deaths from influenza and pneumonia; this is a rate of 1.7 deaths for every 1,000 persons living in the State. During November the total number of deaths was 6,659, making a rate of 1.3 per 1,000 population. This makes a total for the two months of 15,593 deaths, and an approximate death rate of 3 per 1,000 population. The annual death rate from all causes for 1917 was 14.8. Thus during two months of the epidemic more than one-fifth as many persons died from influenza and pneumonia alone, as had died from all causes during the entire year immediately preceding.

The following tabulation gives the number of deaths at various ages:

Under 1	783
Age 1	649
" 2	341
" 3	259
" 4	167
Under 5	2,199
5 to 9	493
10 to 14	367
15 to 19	893
20 to 24	2,328
25 to 20	2,885
30 to 34	2,439
35 to 39	1,529
40 to 44	773
45 to 49	495
50 to 54	296
55 to 59	211
60 to 64	170
65 to 69	158
70 to 74	138

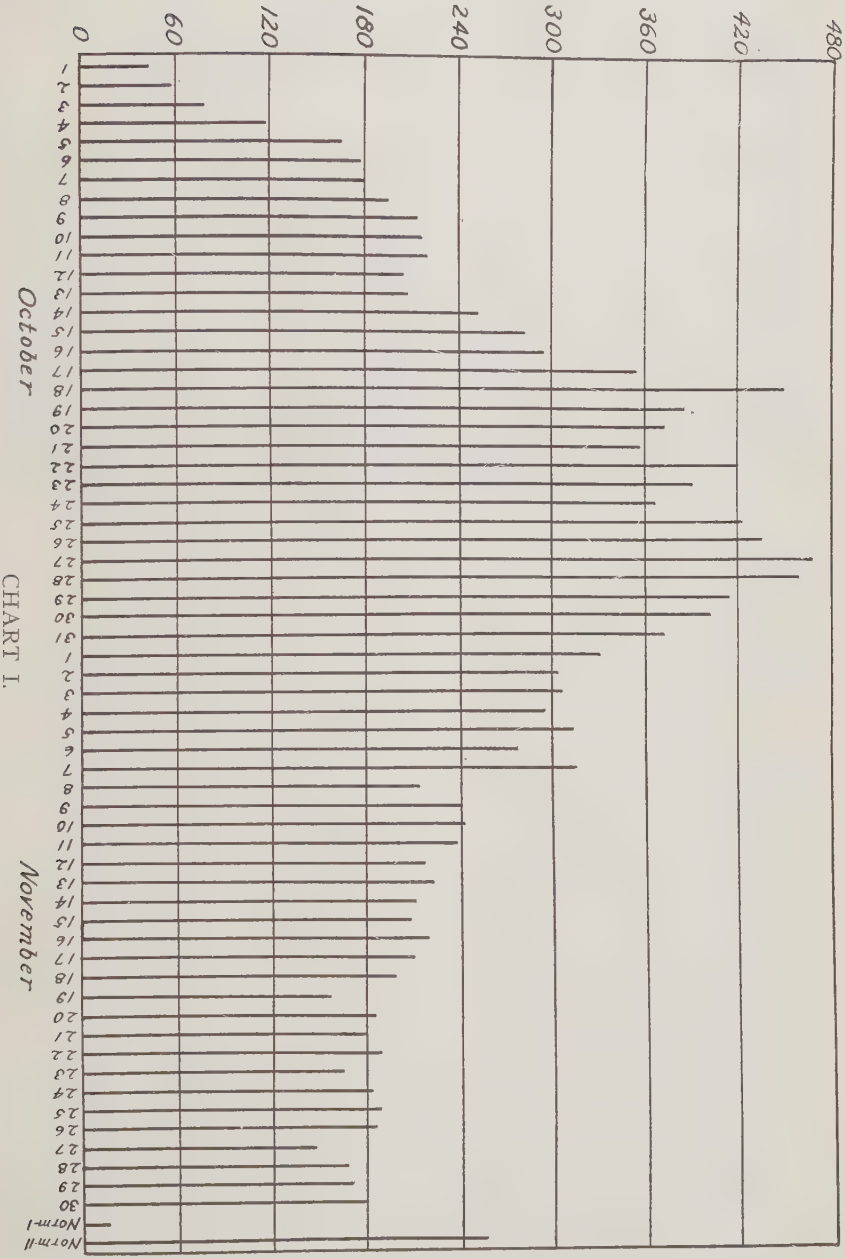
0
60
120
180
240
300
360
420
480
October
November
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Nov. I Nov. II

CHART I.

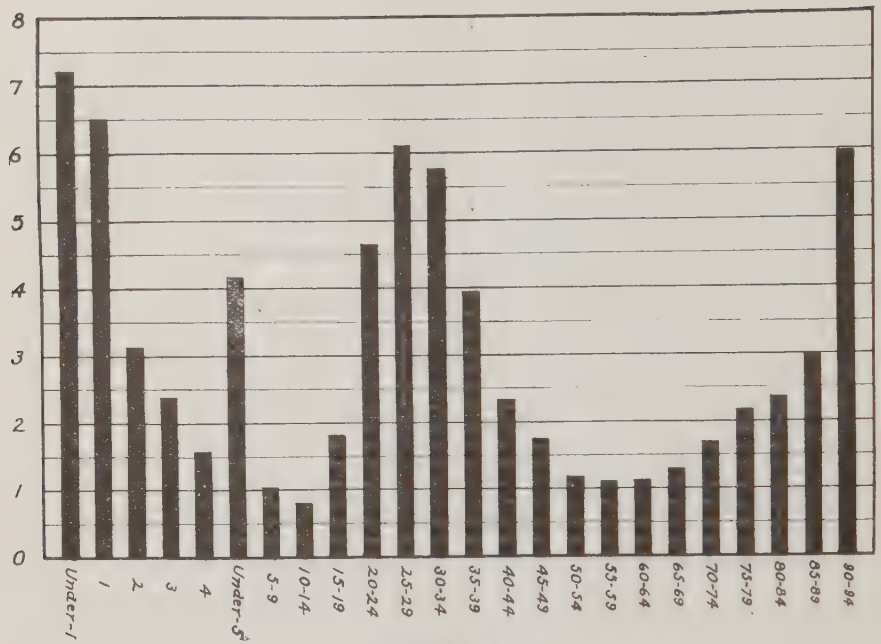

CHART II.

75 to 79	107
80 to 84	57
85 to 89	27
90 to 94	13
Unknown age	15

Chart No. II presents in an interesting manner the number of deaths per 1,000 persons living at the various ages. It will be noted that the highest death rate was about 7.2, among children under one year old. The second highest rate was 6.5, which occurred among children one year of age. The lowest rate of .8 occurred at the ages of 10 to 14.

Of the total number of deaths during the two months, 1,499 were due to lobar pneumonia, uncomplicated with influenza; 727 were due to broncho pneumonia, uncomplicated with influenza, and 9,748 were due to uncomplicated influenza. Of the lobar pneumonia deaths, 1,390 were uncomplicated with other causes, while 22 were complicated with tuberculosis, 33 with organic heart disease, 3 with nephritis, 28 with childbirth, 2 with enteritis and 21 with various other causes. Of the broncho pneumonia deaths, 695 were uncomplicated with other causes; 2 were complicated with tuberculosis, 9 with organic heart disease, 5 with childbirth and 16 with various other causes. The complicated influenza deaths were as follows: Pneumonia 2,908, tuberculosis 135, organic heart disease 175, nephritis 30, diabetes 16, childbirth 205, enteritis 10, other causes 140.

Classifying the decedents as to color, there were 14,755 white, 824 black and 14 other races or unknown. As to sex, there were 9,188 males and 6,405 females. Classified by marital condition, 7,086 were single, 7,509 married, 568 widowed, 87 divorced and the conjugal condition of 343 was unknown.

Physician's Legal Responsibility in Reporting Venereal Diseases

An Ohio physician has no legal defense for failure to report venereal disease cases in compliance with regulations of the State Department of Health, and he is not liable, by reason of having made such a report, to a suit for damages because of alleged divulgence of professional secrets. Attorney General John G. Price has rendered this opinion in response to a request from the State Department of Health.

The opinion in full is as follows:

OPINION 48.

FEBRUARY 13, 1919.

The State Department of Health, Columbus, Ohio.

GENTLEMEN: — This is to acknowledge receipt of your letter of January 29, 1919, as follows:

Under date of May 2, 1918, the Public Health Council of the State Department of Health adopted rules and regulations for the prevention of venereal diseases. These rules were filed with the Secretary of State June 20, 1919, have been sent to all the health officers and boards of health in the state, and to all the physicians whose names appear in the American Medical Association directory.

In connection with the operation of the rules quite a number of questions have been raised, especially in regard to the duty of physicians to make reports to the State Commissioner of Health as provided in the regulations, and if there is a personal liability on a physician if reports are made. I should be glad, therefore, to have your opinion on the following points:

1. Is there any provision in the laws of the State of Ohio that would be a defense for a physician who failed to report to the State Commissioner of Health a case of gonorrhea, syphilis or chancroid where the person afflicted came to the physician as a patient, either for diagnosis or treatment?

2. Would a physician reporting a venereal disease under the provisions of these regulations be protected in the case of a personal damage suit for alleged "divulging professional secrets"?

For your information I enclose a copy of the regulations above referred to.

The pertinent parts of sections 1237 and 1243 G. C., which sections are applicable to the facts stated in your letter, are as follows:

Section 1237: The state board of health shall have supervision of all matters relating to the preservation of the life and health of the people * * *. It may make special or standing orders or regulations for preventing the spread of contagious or infectious diseases, * * *.

Section 1243: Board of health, * * * and physicians * * * shall report to the state board of health promptly upon the discovery thereof, the existence of any one of the following diseases: Asiatic cholera, * * * and such other contagious and infectious diseases as the state board specifies.

As to the making and promulgation of orders of the department of health, the amendment of section 1236 (107 O. L., 523) provides that the regulations of the public health council shall be signed by the secretary thereof, filed in the office of the Secretary of State, and that copies thereof shall be sent to the local board of health, health officers, etc., and shall be published in such manner as the public health council may, from time to time, determine.

The constitutionality of this legislation, vesting such ample powers in the department of health, or board of health, as it has been variously styled, in the different acts, has been repeatedly challenged and considered, and passed upon in the Supreme Court of Ohio; and, as said by Judge Donahue, in Board of Health vs. Greenville, 86 O. S., 21:

> It is now the settled law that the legislature of the state possesses plenary power to deal with these subejcts so long as it does not contravene the Constitution of the United States or infringe upon any right granted or secured thereby, or is not in direct conflict with any of the provisions of the Constitution of this state, and is not exercised in such an arbitrary and oppressive manner as to justify the interference of the courts to prevent wrong and oppression.

Or, as was held in the first branch of the syllabus in Toledo Disposal Co. vs. State of Ohio, 89 O. S., 230:

> In the exercise of the police power, the state and municipal authorities may make all such provisions as are reasonable, necessary and appropriate for the protection of the public health and comfort, and when any such provision has a real and substantial relation to that object and does not interfere with the enjoyment of private rights beyond the necessities of the situation, *every intendent is to be made in favor of its lawfulness.*

As stated by Judge Johnson, in the opinion of the above case, at page 235:

> Nothing is more firmly established than that the state and municipal authorities, in the exercise of the police power, may make all such provisions as may be reasonable, necessary and appropriate for the protection of the public health and comfort.

In the case of State of Ohio vs. Boone, 84 O. S., 346, a former statute requiring physicians to report birth statistics was held unconstitutional because it was unreasonable in that it required the physicians to report not only the matters which came within their observation professionally, but other facts with which their professional connection with the case did not acquaint them. That the court in that case had no doubt that the state could require a physician to report professional facts in such cases, is evidenced by the language of Judge Davis, on page 352 of the opinion, where he says:

> We need not inquire whether the state may not require a physician or midwife to report to the proper authority, for registration, the fact of a birth which has come under his or her observation, first, because it is conceded that it may do so, and second, because it obviously has some relation to the public welfare and it cannot be very burdensome to comply with such regulation.

It is also noted that a question is raised as to the liability of a physician in making such reports for damages for alleged divulgence of professional secrets. That section in law which makes certain communications privileged communications is section 11494 G. C., pertinent provisions of which are:

> The following persons shall not *testify* in certain respects: * * * or a physician, concerning a communication made to him by his patient in that relation or his advice to his patient, etc.

It is to be noted that the limitation here is that the physician shall not testify in the respect set forth.

It has been held in the case of Keck vs. Bode, 13 O. C. D., 413, that this section is merely declaratory of the common law, with reference to privileged communications, and it is founded on public policy for the benefit of the patient and physician.

In consideration of private rights and privileges, we are reminded by Justice Harlan, in California Reduction Co. vs. San Francisco Reduction Co., 199 U. S., 306, that they are "subject to such reasonable conditions as may be deemed by the governing authority of the country essential to the safety, health, peace, good order and morals of the community."

That the legislature may, and in fact did, qualify some of the provisions of section 11494, supra, is evidenced by section 13659 G. C., which provides that the communications between husband and wife (which are also made privileged communications in section 11494 G. C.) may be testified to in certain kinds of criminal cases.

Sections 1237, 1243 and 1236 G. C., supra, were enacted after section 11496 (11494) G. C., and in view of the broad powers thereby vested in the health commission, said commission by a reasonable and necessary order, properly promulgated under section 1236, may require physicians to make the reports referred to in your letter, and a physician complying with such regulation of the health commission is not liable in an action for damages for divulging professional secrets, as stated in your letter.

I am not unmindful of the provisions of section 1275 G. C., as amended in 106 O. L., 178, defining gross unprofessional or dishonest conduct to be "the wilful betrayal of a professional secret." This section, however, must be construed as a part of an act to regulate the conduct of the practice of medicine, and a later valid regulation of the state health commission must be construed with this section and meaning given to both, if they are not manifestly inconsistent and repugnant.

Considering the power and authority of the state health commission to make and and promulgate such regulation, and the purpose of section 1275 G. C., I am of the opinion that the compulsory compliance with the regulation of the health commission on the part of a physician would not constitute a "wilful betrayal of a professional secret," and in any event section 1275 G. C. only applies to the physician's right to practice and is not concerned with the declaration of any right or ground upon which a private action in damages could be predicated against the physician.

In this opinion it is to be borne in mind that compliance with rule 9, of the attached regulations, providing for the secrecy of such reports and the records thereof, is assumed and violations of its provisions are not herein considered.

I am therefore of the opinion, (1) that there is no provision in the laws of the State of Ohio which would be a defense for a physician failing to make the report referred to in your letter, on the ground that he may be liable to a damage suit for alleged divulgence of professional secrets; and (2), that a physician reporting such diseases referred to in your letter, in compliance with these regulations, would not be liable in such a damage suit.

Respectfully,

(Signed) JOHN G. PRICE
Attorney General.

REPORT OF ANTIVENEREAL CAMPAIGN

An important health activity is being carried on under the so-called Chamberlain-Kahn Act, which provides for a system of Federal aid for antivenereal work in States meeting certain conditions. All the States in the Union have complied with its provisions by passing the necessary laws except Idaho, Michigan, Missouri, New Mexico, Pennsylvania, Tennessee, Utah, and the District of Columbia. Several of these States have signified their intention of co-operation in the near future.

In conjunction with state boards of health, the Division of Venereal Disease, United States Public Health Service, created by this act, is conducting approximately 125 clinics. The reports from the clinics show increase in number of cases treated and in interest each month, so that additional clinics and facilities are needed. When any clinic proves the advantage of a certain plan of procedure, a note concerning such plan is passed on to other clinics for trial and suggestions. In conjunction with the Red Cross in extra-cantonment zones, the division is now conducting 25 clinics. Social service and follow-up work have been carried on in all of these clinics. Nurses especially trained and adapted for this work are badly needed.

Five commissioned officers, 44 acting assistant surgeons, and 3 scientific assistants have been detailed to the various States as State venereal disease control officers. Forty acting assistant surgeons have been on duty in the United States Government clinics located in extra-cantonment zones.

A large part of the division's work is educational. The work of preparing materials, establishing contacts, and developing methods in educational work has been almost finished during the month. Several new pamphlets have been published. Two exhibits, one for the general public and one for young men and boys, are ready for the printers. Educational material has been mailed to libraries, newspapers, and industrial organizations. Conferences for educators and lecture tours have been scheduled. Educational campaigns are being arranged in the respective States, and the demand for educational pamphlets is increasing.

During the period of reconstruction, the task of venereal-disease control will not be lessened, but will rather be broadened and intensified. The entire area of the United States must be covered through a thoroughgoing co-operative campaign in which all agencies —National, State, and local—can play an important part.—*Public Health Reports*, United States Public Health Service.

WHAT LEGISLATORS ARE DOING

(*Concluded on page* 62.)

Derby, physician; John Cowan, Ottawa, insurance agent.

Senator Wright, despite the fact that as a Democrat he is now in the minority party, was permitted to retain the Senate committee's chairmanship, on account of his experience in dealing with public health legislation. The public health committee of the lower house includes all the physicians holding membership in that body.

INFLUENZA INCREASES WAGE EARNERS' DEATHS

A recently completed analysis of the statistics of over ten million wage earners insured in the Metropolitan Life Insurance Company shows that during 1918 the mortality was higher by more than 30 percent than prevailed for 1917. In 1918 no less than 17.85 claims were paid per 1,000 of all policies in force as compared with 13.71 per 1,000 in 1917. The relative increase in the rate is 30.2 percent. With the exception of March and April, the death rate in 1918, between January and September, was from 5 to 18 percent lower than in the corresponding months of 1917. In March and April an epidemic of the ordinary type of winter and spring influenza raised the death rate slightly above the figures for 1917. In fact, in April, the death rate was 14.67 per 1,000, an increase of 3.4 percent over the figure for 1917, 14.19 per 1,000. February, strangely enough, following the severe cold weather of January, showed a decrease in mortality over the figures for the corresponding month in 1917. In February, 1918, the death rate was 17.8 percent lower than the rate in February, 1917. Beginning with the month of October, however, the death rate began to rise above the figures for 1917. In that month, the mortality rate was 20.42 per 1,000 as compared with 10.94 in October, 1917, an excess of 87 percent. The November mortality rate, 49.48 per 1,000, was highest for any month in the year and may be compared with the figure of 13.56 for 1917. The November mortality rate in 1918 was three and two-thirds times that of the November rate of 1917.

The mortality rate for the month of December, 1918, 23.8 per 1,000, may be compared with a rate of 12.03 in December, 1917. The December mortality was 98 percent in excess in 1918 over the mortality for the corresponding month in 1917. A study of the mortality figures according to singie weeks between the first of October and the end of December, shows that the highest mortality rate was experienced in the week ending November 16, when a figure of 53.39 per 1,000 was registered. This mortality rate was higher than four times the figure usually experienced in the corresponding weeks of previous years.

During the weeks when the epidemic was at its peak, very nearly four-fifths of the deaths reported were due to diseases arising out of epidemic conditions.

TO DEFEAT DISEASE

The fact should never be lost sight of that disease is not an accident nor a visitation of providence, but is the result of ignorance, carelessness and improper living. It is also important to remember that disease is not cured by magical or wonderful remedies. Overcoming disease is a personal battle aided, of course, by skilled medical treatment, which only helps nature to restore the body to normal condition. The greatest weapon of defense against sickness is education along health lines. Ignorance and superstition have no place in the knowledge that tells you how to keep well.—*Bulletin,* Chicago Health Department.

DEPARTMENTAL REPORTS BY DIVISIONS

DIVISION OF COMMUNICABLE DISEASES.

Reported Cases of Notifiable Diseases, January, 1919.

Prevalence. — In order of greatest reported prevalence during the month of January the notifiable diseases list as follows, with comparative figures for December given:

		Reported Cases.	
	Disease.	*January.*	*December.*
1.	Influenza	19,146	67,912
2.	Pneumonia, broncho	568	144
3.	Measles	543	452
4.	Pneumonia, acute lobar	516	1,391
5.	Chickenpox	438	303
6.	Tuberculosis, all forms	414	372
7.	Diphtheria	416	399
8.	Scarlet fever	419	375
9.	Smallpox	301	269
10.	Mumps	169	116
11.	Ophthalmia neonatorum	122	117
12.	Whooping cough	111	295

For no other one notifiable disease of which records are kept in this Division was a total of 100 or more cases reported for the month of January. Out of a total of 23,712 cases of notifiable diseases recorded to date of January 11, 11,313 cases were reported by the cities of the State, 48 per cent of the entire amount as compared with 55 per cent of the State total for January, 1918, reported by the same health districts.

Influenza. — This month's total shows a rapidly diminishing prevalence of epidemic influenza. Only 19,146 cases were reported for January, as compared with 67,912 for December, showing a decrease of 72 percent.

Broncho Pneumonia. — This disease was only recently made reportable. It owes its wide prevalence to epidemic influenza. Previous reports of broncho pneumonia cases are too incomplete to furnish data of any value for comparative study.

Acute Lobar Pneumonia. —During the month of January 516 cases of lobar pneumonia were reported to this office, a normal prevalence for this disease in winter months. For the month of January, 1915, the total number of reported cases was 583, and for January, 1916, an epidemic pneumonia year, 1,014. For January, 1917, the pneumonia prevalence was 746 cases and for January, 1918, 498 cases. The cities reported 66 percent of the entire amount last month as compared with 56 percent reported by the same health districts for January, 1918.

Smallpox. — This disease shows an increase of 31 reported cases over the preceding month. A total of 152 cases, or 50 percent of all cases was reported by the cities of the State. Of the 2,098 cases of smallpox reported for January, 1918, the same health districts reported 42 percent. For January, 1917, 202 cases of smallpox were reported, 33 percent fewer than for January this year.

Diphtheria. — There were 416 reported cases of diphtheria for January, an increase of 17 cases over last month's report. The reported diphtheria cases for January in previous years were as follows: January, 1915, 827; January, 1916, 774; January, 1917, 685; January, 1918, 618 — showing a diminished prevalence of diphtheria for January, 1919.

Scarlet Fever. — The total of 419 cases of scarlet fever recorded for this month shows a marked decrease as compared with reports for January in previous years. Beginning with January, 1914, the five-year average annual total of scarlet fever reports for the month of January is 1,139 cases. The increase of 42 cases over December's total prevalence is a normal increase for this month.

TABLE I. — REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, JANUARY, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, JANUARY, 1919, AND CASE RATES PER THOUSAND POPULATION JANUARY, 1917-1919.

Disease	January, 1919			January, 1918	January, 1917	January Case Rates Per 1,000 Population		
	Cities	Villages and Townships	Total			1919	1918	1917
All Notifiable Diseases ...	11,313	12,426	23,739	9,982	9,543	4.463	1.897	1.832
Chickenpox	284	154	438	1,102	1,514	.082	.209	.291
Diphtheria	322	94	416	618	685	.078	.117	.132
Gonorrhea	209	40	249	87	145	.047	.017	.028
*Influenza	8,618	10,528	19,146	.....	.....	3.599	.....	.....
Measles	278	265	543	1,172	2,949	.102	.223	.566
Measles, German....	5	4	9	598	95	.002	.114	.018
Meningitis, cerebro-sprinal	6	1	7	49	10	.001	.009	.002
Mumps	50	119	169	880	310	.032	.167	.060
Ophthalmia neonatorum	117	5	122	144	154	.023	.027	.030
Pneumonia, acute lobar	338	178	516	498	746	.097	.095	.143
*Pneumonia, broncho.	74	494	568	.....	.....	.107	.....	.....
Poliomyelitis	2	1	3	7	11	.001	.001	.002
Scarlet fever.....	230	189	419	1,010	1,222	.079	.192	.235
Smallpox	152	149	301	2,098	202	.057	.399	.039
Syphilis	146	2	148	53	75	.028	.010	.014
Trachoma	16	.....	16	78	51	.003	.015	.010
Tuberculosis, all forms	356	58	414	599	528	.078	.114	.101
Typhoid fever.....	46	52	98	142	164	.018	.027	.031
Whooping cough....	50	61	111	810	657	.021	.154	.126
Other notifiable diseases	14	32	46	37	25	.009	.007	.005

* Not reportable until October 11, 1918.

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATES PER THOUSAND POPULATION, OHIO CITIES, JANUARY, 1919.

City*	Total Case Rate Per 1,000 Population	Total Reported Cases	Diphtheria	Measles	Meningitis, Cerebrospinal	Pneumonia, Acute Lobar.	Poliomyelitis	Scarlet Fever	Smallpox	Tuberculosis, All Forms	Typhoid Fever	Whooping Cough
Total	.587	1,780	322	278	6	338	2	230	152	356	46	50
Akron	.979	89	14	17	2	11	1	13	5	15	1	10
Alliance	.240	5	1	....	....	1	....	....	3	....	....	....
Ashland	.321	3	....	....	....	....	....	....	....	3	....	....
Ashtabula	.043	1	....	....	....	....	....	....	....	1	....	....
Athens	.390	3	....	....	1	....	....	1	....	1	....	....
Barberton	.071	1	1	....	....	....	....	....	....	....	....	....
Bellaire	.252	4	2	....	....	....	....	1	....	1	....	....
Bellefontaine	.515	5	1	....	....	2	....	....	....	1	1	....
Bellevue	.160	1	....	....	....	....	....	....	....	1	....	....
Bowling Green	.186	1	1	....	....	....	....	....	....	....	....	....
Bucyrus	.520	5	....	....	....	1	....	....	1	1	2	....
Canton	.336	24	3	15	....	....	....	2	....	4	....	....
Chillicothe	.992	16	....	1	....	....	....	14	1	....	....	....
Cincinnati	.368	184	48	5	2	....	....	19	4	98	1	7
Circleville	.592	4	....	....	1	....	....	3	....	....	....	....
Cleveland	.587	587	111	35	....	247	1	28	45	111	3	6
Columbus	.140	35	6	1	....	....	....	12	2	12	2	....
Conneaut	.636	6	4	....	....	2	....	....	....	....	....	....
Coshocton	.960	12	....	....	....	....	....	....	12	....	....	....
Dayton	.300	50	8	3	....	7	....	13	....	16	....	3
Defiance	.136	1	....	....	....	1	....	....	....	....	....	....
Delaware	.198	2	1	....	....	....	....	....	....	1	....	....
Dover	.260	2	....	....	....	2	....	....	....	....	....	....
East Cleveland	.330	5	2	....	....	1	....	1	1	....	....	....
East Liverpool	.042	1	....	....	....	....	....	1	....	....	....	....
Elyria	.784	16	8	4	....	1	....	....	3	....	....	....
Findlay	.737	11	4	....	....	4	....	1	....	2	....	....
Fostoria	.178	2	....	....	....	....	....	2	....	....	....	....
Fremont	.396	4	....	....	....	1	....	....	1	2	....	....
Galion	.139	1	....	....	....	1	....	....	....	....	....	....
Gallipolis	1.936	11	....	....	....	....	....	....	11	....	....	....
Greenville	.288	2	....	....	....	....	....	1	....	....	1	....
Ironton	1.190	17	....	....	....	1	....	3	....	1	12	....
Jackson	.322	2	....	....	....	....	....	2	....	....	....	....
Kenton	.399	3	2	....	....	....	....	....	....	1	....	....
Lakewood	.780	13	4	1	....	2	....	1	....	5	....	....
Lancaster	.885	15	....	13	....	....	....	....	....	2	....	....
Lima	.690	23	8	....	....	....	....	15	....	....	....	....
Lorain	.768	32	2	11	....	6	....	8	2	....	....	3
Mansfield	.546	13	2	2	....	9	....	....	....	....	....	....
Marion	.943	23	1	1	....	17	....	1	3	....	....	....
Martins Ferry	.480	5	....	....	....	....	....	3	....	2	....	....
Middletown	1.860	31	....	20	....	1	....	1	9	....	....	....
Mt. Vernon	.088	1	....	....	....	....	....	....	....	....	1	....
Nelsonville	.600	4	4	....	....	....	....	....	....	....	....	....
Newark	.434	14	1	5	....	....	....	2	3	2	1	....

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH TOTAL CASE RATES PER THOUSAND POPULATION, OHIO CITIES, JANUARY, 1919—Concluded.

City*	Total Case Rate Per 1,000 Population	Total Reported Cases	Diphtheria	Measles	Meningitis, Cerebrospinal	Pneumonia, Acute Lobar.	Poliomyelitis	Scarlet Fever	Smallpox	Tuberculosis, All Forms	Typhoid Fever	Whooping Cough
New Philadelphia	.372	4	1	....	....	3	....	....	....	....	....	....
Niles	.354	3	2	....	....	....	....	....	....	....	1	....
Norwalk	.464	4	1	....	....	....	....	3	....	....	....	....
Norwood	.360	9	3	2	....	3	....	....	....	1	....	....
Painesville	.336	2	....	....	....	....	....	2	....	....	....	....
Piqua	.345	5	....	....	....	2	....	3	....	....	....	....
Portsmouth	.770	22	5	1	....	1	....	5	5	....	5	....
Ravenna	.153	1	....	....	....	....	....	1	....	....	....	....
St. Bernard	.308	2	....	....	....	....	....	2	....	....	....	....
St. Marys	.164	1	1	....	....	....	....	....	....	....	....	....
Sandusky	.392	8	1	....	....	....	....	2	....	4	....	1
Sidney	.536	4	2	....	....	....	....	2	....	....	....	....
Springfield	2.286	127	1	111	....	....	....	....	1	8	....	6
Steubenville	.429	13	5	....	....	....	....	1	2	2	....	3
Tiffin	.702	9	1	....	....	....	....	2	3	2	1	....
Toledo	.725	145	30	2	....	4	....	42	14	42	2	9
Troy	.628	4	....	....	....	3	....	....	....	1	....	....
Urbana	.580	5	....	1	....	2	....	2	....	....	....	....
Warren	.888	12	2	....	....	....	....	3	1	5	....	1
Washington C. H.	1.150	10	....	....	....	....	....	....	10	....	....	....
Wellsville	.432	4	1	....	....	....	....	....	....	....	3	....
Wooster	.161	1	1	....	....	....	....	....	....	....	....	....
Xenia	.690	6	....	....	....	....	....	....	....	....	6	....
Youngstown	.693	77	23	27	....	2	....	10	8	6	....	1
Zanesville	.372	12	3	....	....	....	....	2	2	2	3	....

*The omission of certain cities from the table is due to the following reasons: Cambridge, Hamilton and Marietta failed to submit their summary reports by date of going to press; Delphos, Massillon, Salem, Van Wert, Wapakoneta and Wellston reported no cases of the diseases listed.

DIVISION OF PUBLIC HEALTH EDUCATION AND TUBERCULOSIS

Summary of Activities in January, 1919.

The Division was represented at a meeting of county commissioners from Jefferson, Belmont and Harrison counties; the other two counties of proposed Hospital District No. 7—Tuscarawas and Carroll—were not represented. Adjournment was taken until June 12, as it was considered inadvisable to take definite action toward establishing a hospital until after the present legislative session.

Notifications of admissions and discharges were received from tuberculosis hospitals as follows:

Institution.	Patients Reported.	Admissions.	Discharges.
Ohio State Sanatorium	62	40	25
Butler County Sanatorium	2	2	....
Franklin County Sanatorium	20	6	16
Lucas County Tuberculosis Hospital	35	22	21
Dayton District Hospital	13	9	8
Lima District Hospital	2	2	2
Springfield District Hospital	15	8	8
Springfield Lake Sanatorium	88	71	41
Mt. Logan Sanatorium	4	4	1
Rocky Glen Sanitorium	3	1	2
St. Anthony's Hospital	5	5	1
Total	249	170	123

Total notifications 293: Referred to local public health nurses 227, investigated by Division nurses 19, histories unobtainable 12, pending investigation at end of month 35.

Total pending January 1 from December, 61: Investigated by Division nurses 37, histories unobtainable 2, still pending at end of month 22.

Total pending investigation January 1, 57.

Notifications of discharged tuberculous soldiers and action taken thereon, with totals since the beginning of work in behalf of these men, are summarized as follows:

	January.	Total.
Notifications received	5	886
Cases referred to public health nurses	3	599
Reports received from public health nurses	18	349
Cases written directly	1	281
Replies received	1	71
Cases visited by Division nurses	28	259
Cases admitted to sanatoria	4	41
Cases not found	3	139
Cases not heard from	2	130

The following changes were made in the local public health nursing service of the State:

Miss Mary Fraser, superintendent of nurses of the Cincinnati Anti-Tuberculosis Society, has joined the American Red Cross tuberculosis unit in Italy. Miss Nellie Fahey is substituting for her in Cincinnati.

Miss Mary J. Hayden has been appointed public health nurse for Ashland.

Miss Lela Grey Goddard has been appointed superintendent of nurses in Canton.

Miss Alice J. Minor has resigned as public health nurse for Lake County. No successor has yet been appointed.

Prevention of blindness work during the month is summarized as follows:

Reported cases of inflammation of the eyes of the new-born 158, classified as follows: (by race) white 140, colored 16, unknown 2; (by source of report) reported by physicians 42, by midwives 37, by nurses 32, by physician and nurse 1, by institutions 46. Instructions were given to health officer by telephone in two cases, six investigations were made and three cases were provided with nursing care.

DIVISION OF LABORATORIES

Summary of Activities in January, 1919

The Division made 1,820 examinations in January, of which 1,531 were bacteriological and 289 were chemical. The bacteriological examinations, with their results, were as follows:

Tuberculosis, pos. 88, neg. 289, unsat. 1	378
Diphtheria, pos. 60, neg. 237, sus. 7, no growth 22	326
Typhoid, pos. 24, neg. 28	52
Wassermann, pos. 120, neg. 467, unsat. 43	630
Gonorrhea, pos. 1, neg. 45	46
Rabies, pos. 3, neg. 2, unsat. 1	6
Water	92
Miscellaneous	1

Outfits were distributed in the following quantities: Tuberculosis 406, diphtheria 699, typhoid 121, malaria 31, Wassermann 1,299, ophthalmia 3,267, miscellaneous 68, typhoid vaccine 51, chemical water 7, bacterial water 106 — total 6,055.

The chemical samples examined included 95 specimens of foods and 34 of drugs. Results of the food examinations were: satisfactory 53, misbranded 5, adulterated 17, insufficient information 20. The misbranded samples were two of lemon extract, one of vanilla extract and two of egg substitute. The drugs were reported as follows: satisfactory 31, misbranded none, adulterated 3, insufficient information none. Those adulterated were one sample of tincture of iodine and two of bay rum.

DIVISION OF INDUSTRIAL HYGIENE

Summary of Activities in January, 1919

The consulting services of the Division have included the following: rural district health administration; state health insurance recommendations (Illinois and Ohio); bibliography scheme for the office of the new *Journal of Industrial Hygiene* which is to appear from Harvard University beginning July, 1919; betterment of tuberculosis occupation reports; realignment of the activities of our Division of Industrial Hygiene; employment of women in industry; health administration in coal mining districts; venereal disease control; family social service; features of motor gas poisoning; hygiene as a part of domestic economy; effect of heat on mental efficiency, and the securing of men for industrial hygiene purposes.

The investigative features have included: (1) the completion of the Illinois and Ohio health surveys in coal fields; (2) literature findings on 104 case reports (3) local plant investigations at Columbus (manufacture of blankets) and at Elyria (manufacture of small vehicles).

The publicity features have included a technical article on air-conditioning the home (in *Journal of the American Society of Heating and Ventilating Engineers,* January, 1919, pages 1-14); lecture on industrial hygiene at Toledo; lecture on public health in the rural home in the Farmers' Week program at the Ohio State University; distribution of 190 educational pamphlets on 50 different subjects with which

the Division is concerned; monthly abstract notes for the *American Journal of Public Health;* the completion of the public health and hygiene courses to 90 students, and 200 students in the Students' Army Training Corps.

Occupational diseases reported to the division during the month have been *lead poisoning,* four cases (Cleveland and Cincinnati), these referred to the Industrial Commission; *arsenic poisoning,* one case (Lancaster); incomplete reports have recorded 59 cases of tuberculosis in industrial workers.

DIVISION OF SANITARY ENGINEERING

Summary of Activities in January, 1919

In the course of fifty visits by representatives of the Division during the month investigations and conferences in regard to water supplies, water purification plants, sewerage systems and sewage treatment plants — both existing and proposed — in various parts of the State were held. Twenty-four conferences on various sanitary engineering matters were held in Columbus. One hundred and seven certifications of railroad water supplies were issued. Eleven sets of plans were filed with the Division.

Fifty-two reports, notes and memoranda were submitted by members of the Division staff. Approvals were granted by the Commissioner of Health on proposals for a sewerage and sewage disposal system for the Solvay Coke Company, Ironton; additional sewerage for Niles, sewage disposal for a school at Brooklyn Heights, a method of supplementing the water supply of Washington C. H., a sewage treatment plant for Wickliffe school, Willoughby township, Lake county; additional sewerage for Coshocton, and proposed sewerage and sewage treatment plant for the Standard Home Company at Masury, Trumbull county.

BUREAU OF PUBLICITY, DIVISION OF ADMINISTRATION

Summary of Activities in January, 1919

Twelve publicity stories were issued in January, ten of which were included in the weekly News Letter and were printed in 82 papers in 71 cities and villages in 54 counties, attaining a total (incomplete) of 1,111,472 printed copies.

New publications issued during the month included 90,000 copies of Educational Circular 114, "Some Facts About Gonorrhea" (10,000 each in nine foreign languages); 90,000 copies of E. C. 115, "Some Facts About Syphilis" (10,000 each in nine foreign languages); 1,000 E. C. 120, "Rabies". Orders for four other publications were pending. Distribution of publications totaled 30,402 copies. Educational Circular 119, an anti-spitting cartoon poster, was mailed to Ohio manufacturnig concerns. Demand for venereal disease literature among physicians was heavy.

Copy for the January number of the OHIO PUBLIC HEALTH JOURNAL (Vol. X, No. 1) was prepared.

Nine books were added to the Department Library.

NURSING SUMMARIES FOR NOVEMBER AND DECEMBER

Reports to the State Department of Health from 118 local public health nurses of the State show that in November these nurses cared for 13,597 patients and made 21,359 home visits and 1,185 other visits. Tuberculosis patients, numbering more than 5,000, were most numerous among the patients visited. Infant cases numbered more than 3,000. The twenty-six Toledo nurses cared for 5,504 patients — more than in any other city. Akron nurses, twenty-five in number, attended 2,453 patients. Among the municipalities employing only one nurse each, Circleville led in number of patients receiving care, with a total of 101. Trumbull County led the county nurses, with 159 cases.

December nursing reports were less complete, the activities of only eighty-five nurses being covered in the reports received. These gave a total of 9,525 patients under care, with 12,984 home visits and 635 other visits. The total of patients included more than three thousand tuberculosis cases and nearly 2,500 infant cases. Toledo nurses cared for 5,506 cases in December, again leading other cities. Among the one-nurse communities Ashtabula and Bellefontaine led in number of patients, with eighty-five each. Trumbull County, with 159 cases, was again in the lead among the county nurses.

JOINT INFLUENZA COMMITTEE.

A Joint Influenza Committee has just been created to study the epidemic and to make comparable, so far as possible, the influenza data gathered by the Government departments. The members of this committee, as designated by the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the United States Public Health Service, and the Director of the Census, are: Dr. William H. Davis, chairman, and C. S. Sloane, representing the Bureau of the Census; Dr. Wade H. Frost and Edgar Sydenstricker, of the Public Health Service; Colonel D. C. Howard, Colonel F. F. Russell, and Lieutenant Colonel A. G. Love, United States Army; Lieutenant Commander J. R. Phelps and Surgeon Carroll Fox, United States Navy.

HEALTH OFFICERS' ROUNDTABLE

Dr. Bishop Resigns

Dr. R. H. Bishop, Jr., for several months in Italy with the American Red Cross tuberculosis unit, has cabled his resignation as health commissioner of Cleveland. He has been on leave of absence while engaged in Red Cross work, but believed it important that Cleveland should have a resident health commissioner during the reconstruction period. The length of his stay in Italy is uncertain. The resignation took effect January 17. Dr. H. L. Rockwood, who has been acting health commissioner since

Dr. Bishop left Cleveland, continues to carry on the duties of the office.

Dr. Bishop's resignation ends ten years of service with the Cleveland health department, during the last three years of which he has been commissioner of health. The Cleveland *Plain Dealer* printed the following editorial January 20 in regard to Dr. Bishop's severance of connections with the city:

DR. BISHOP'S RESIGNATION.

There is very general regret that Health Commissioner Robert H. Bishop, Jr., has seen fit to resign. Cleveland loses a most efficient, aggressive public servant who has left the impress of his ability and his personality upon the health activities of the city.

Dr. Bishop is now in Italy representing the American government in the brotherly function of teaching the people of our late war partner how best to combat tuberculosis—an enemy more persistent, in the long run more deadly and relentless than the Prussian peril which but recently was threatening the nations. It was expected that the doctor's leave of absence would continue until his return and that he would then resume his office at the head of the city health department. Dr. Bishop now sees the work in Italy extending so indefinitely into the future that he deems it wise to resign and to permit the appointment of a successor at once.

As health commissioner Dr. Bishop brought to the people of Cleveland a new conception of public health duty. He worked on the sound theory that the best way to combat disease was to enlist the people themselves in the fight. Accordingly, health education was an important part of his work. He used his office to show the public the whats and whys of disease to the end that each individual might become an active partner in the health work of the municipality.

In all probability the Bishop idea will be followed by the new health commissioner, whoever he may be. Dr. Bishop made Cleveland a leader in municipal health activities; and the leadership is not to be surrendered now. It was because of the success of the Bishop methods here that he was called for service abroad; and the Italians in Italy are now being taught what Clevelanders learned at Dr. Bishop's insistence—that the public is after all the only agency capable of preserving the public health, and that the most lasting service a health department can perform is to show people how to help themselves.

Youngstown Plans Advance Step

Proposals to place a full-time health officer at the head of the Youngstown health department are being agitated by the Chamber of Commerce and the Federation of Women's Clubs in that city. The influenza epidemic is said to have demonstrated the need for such an improvement. Youngstown, together with other cities in northeastern Ohio, suffered a serious recurrence of the epidemic in January and February, after epidemic conditions had practically disappeared in other parts of the State.

Akron's Increased Health Work

Akron is pleased with results obtained by increasing the city's expenditures for public health last year, if the following editorial in the Akron *Times* is indicative of the general feeling in the community:

FOR HEALTH WORK.

One of the most promising signs in Akron, from a municipal point of view, is the emphasis which is being placed on the work of the health department as a necessary community function. For various reasons, growing out of the congestion of population and the constant "turnover" in industrial employes, the work devolving upon a health department in this city is unusually heavy and complex. In spite of this fact, however, we have made an excellent showing during the past year. Dr. C. T. Nesbitt, director of health, has displayed exceptional efficiency, and he has had a large measure of co-operation from the council.

The health appropriation last year was the largest Akron ever made. It was

well spent and has been amply vindicated by the results obtained. As a single instance of the good work performed by the department one needs only cite the method in which the influenza epidemic was handled. Not only was the death rate and the number of cases held to a minimum far below that experienced by most cities of Akron's size, but the epidemic was handled with far less interruption to business. While our neighboring cities of Youngstown and Canton practically placed a "lid" on mercantile business during the virulent period of the disease, Akron got along by the mere prohibition of public gatherings. A score of instances of good results achieved by the department might be cited, some of which have given the city a reputation far beyond the state boundaries. One example worthy of mentioning is the conduct of the venereal disease clinic and the enforcement of the wholesome statutes dealing with this class of afflictions in a manner which has elicited the special commendation of the state authorities.

The council will be called upon soon for another health appropriation. There should be no hesitation in providing an amount consistent with the importance of the work to be done and the efficient manner in which it has been handled during the year just passed. There are many urgent demands of the department — vital to the welfare of the people — which have been thus far neglected for lack of money. So far as possible, the department should be enabled to continue uninterrupted its present program and to extend it as rapidly as conditions will permit. Retrenchment may be necessary in some quarters, but it would be the most erroneous form of "economy" to adopt a niggardly policy with the health department at the very time when it is making such splendid progress.

Cincinnati's Health Program

Cincinnati's health program for 1919, as announced by Health Officer William H. Peters, includes the following features:

Special emphasis upon child hygiene work and inspection of maternity homes.

Inspection and sanitary control of swimming pools.

Inspection of theaters, moving picture houses and public places of amusement.

Resumption of bakeshop and barber shop inspection, both of which were discontinued during 1918.

Systematic inspection of restaurants, and kitchens. Educational campaign for sterilization of all dishes and utensils.

Enforcement of the regulation requiring the sterilization of drinking glasses and utensils, or individual cups at soda water fountains, etc.

Inaugurate installation of sealed recording thermometers for each milk plant as a guarantee of perfect pasteurization of market milk.

Would Pay Quarantined Persons

Legislation whereby healthy persons quarantined because they are disease carriers would be reimbursed from public funds for time lost has been suggested by Health Officer A. O. Peters of Dayton.

PUBLIC HEALTH NOTES FROM OVER THE STATE

Dayton's infant death rate dropped to a new low level in 1918, according to figures compiled by the city health department. Deaths of children under one year old numbered 280, or 84.6 per 1,000 living births. The 1917 rate was 97.6 per 1,000 births. The lowest previous rate since 1912 was 87.6 in 1915, and the highest was 124 in 1913.

* * *

The Ohio Society for the Prevention of Tuberculosis has em-

ployed Miss Annie J. Cunningham as nurse to conduct school physical examinations in rural districts of various counties, and to organize communities for more effective health work. Miss Cunningham started her work in Trumbull County at the first of the year, and has engagements made for a year ahead. She was formerly public health nurse at Bellefontaine.

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The city health department of Akron has its first woman district physician in Dr. Martha E. Silber, recently appointed to that position.

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A campaign to raise funds for the establishment of a children's dental clinic in Columbus was waged during February by the city's Central Philanthropic Council and the Franklin County Women's Committee, Council of National Defense.

* * *

"Make peace nurses out of war nurses" was the slogan sounded in a recent address at Cincinnati by Miss Ella Phillips Crandall, executive secretary of the National Organization for Public Health Nursing. "Peace nurses means public health nurses, especially for child welfare. The biggest step in reconstruction is to take care of the children who will make a new generation after this one so depleted by war," said Miss Crandall, who added that her organization is planning to give returning military nurses training to fit them for public health work.

* * *

A free public clinic, open to adults two mornings a week and to children two afternoons a week, has been established by the Chillicothe Welfare Association.

The Sandusky water purification plant treated sixty-six million gallons more water in 1918 than in 1917, at a cost of $315 less than in 1917, according to the annual report of Chief Chemist O. F. Schoepfle.

* * *

In an article in the *American City* for January, Service Director W. A. Pillans of Lorain says that his city was the first in the United States to filter all water sent through the mains. The original filter plant established in 1897 has since been replaced by a more modern type. According to Mr. Phillans, Lorain has experienced no water-borne epidemics since the filtration of the water supply was begun.

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Canton is to have a health survey by representatives of the United States Public Health Service. A request for the survey was made by the city health department.

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City officials of the Youngstown region in the Mahoning valley are united in favoring the organization of that area into a sanitary district to facilitate settlement of the problem of preventing pollution of the river and the provision of a safe water supply for residents of the thickly populated valley. The mayors of Youngstown, Warren, Niles, Girard, East Youngstown, Struthers and Lowellville, together with representatives of several industrial plants and a member of the staff of the State Department of Health, conferred on the proposition at Youngstown, February 4, and it was agreed that legislation to make possible the organization of the district should be introduced at the present legislative session.

DISEASES NOTIFIABLE IN OHIO.

Peport cases or suspected cases of the following diseases to the health officer having jurisdiction.

NOTIFIABLE INFECTIOUS DISEASES OF COMMON OCCURRENCE.

Chancroid.
Chickenpox.
Diphtheria and Membranous Croup.
Gonorrhea.
Influenza.
Measles.
Measles, German.
Meningitis, Epidemic Cerebrospinal.
Mumps.
Ophthalmia Neonatorum.
Pneumonia, Lobar.
Pneumonia, Broncho.
Poliomyelitis, acute infectious, (Infantile Paralysis).
Scarlet Fever.
Smallpox.
Syphilis.
Trachoma.
Tuberculosis, all forms, the organ or part affected to be specified.
Typhoid Fever.
Whooping Cough.

OTHER NOTIFIABLE INFECTIOUS DISEASES.

Actinomycosis.
Anthrax, human.
Cholera, Asiatic, (cholera nostras when Asiatic cholera is present or threatened).
Continued fever lasting seven days.
Dengue.
Dysentery:
a. Amebic.
b. Bacillary.
Favus.
Glanders, human.
Hookworm Disease.
Leprosy.
Malaria
Paragonimiasis.
Paratyphoid Fever.
Plague.
Rabies, human.
Rocky Mountain spotted, or tick fever.
Septic sore throat.
Tetanus.
Trichinosis.
Typhus Fever.
Yellow Fever.

OCCUPATIONAL DISEASES AND DISABILITIES.

Anilin Poisoning.
Arsenic Poisoning.
Benzine (Gasoline) Poisoning.
Benzol Poisoning.
Bisulphide of Carbon Poisoning.
Brass Poisoning.
Carbon Monoxide Poisoning.
Compressed-air Illness.
Dinitrobenzine Poisoning.
Lead Poisoning.
Mercury Poisoning.
Naphtha Poisoning.
Natural Gas Poisoning.
Phosphorus Poisoning.
Turpentine Poisoning.
Wood Alcohol Poisoning.

Any other disease or disability contracted as a result of the nature of the person's employment.

DISEASES OF UNKNOWN ORIGIN.

Cancer.
Pellagra.

Some Things the Health District Bill Will Do

It will establish a real, efficient and non-political plan for protecting health in Ohio.

It will give to all the people of the State a system of disease prevention now available only in the largest cities.

It will put every Ohioan, wherever he may live, under the protection of a health officer chosen solely because he knows his business and whose only business will be to prevent disease.

It will insure impartial enforcement of health laws, without regard to politics.

It will make the schools safe for the children.

It will make adequate public health laboratory facilities available in every community.

It will enormously reduce typhoid fever prevalence and should make that a rare disease in Ohio in five years.

It will stamp out smallpox.

It will increase the child's chances to avoid disease and to grow up strong and vigorous.

It will provide a public health nurse for every community.

It will prevent infection of food supplies by diseased persons.

It will give Ohio a real organization to fight the next epidemic of influenza or infantile paralysis.

It will make Ohio the healthiest State in the Union.